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ABSTRACT

Presented are the proceedings of a 1976 conference on rehabilitation of the deaf. The complete texts of the following addresses are included: "Rehabilitation Imperatives" by C. Mills; "What Must Be Done?" (ten priority areas such as early identification of children with hearing loss) by J. Melcher; "The Current Scene as Viewed by the Deaf" by M. Holcomb; "The Current Scene as Viewed by Educators of the Deaf" by Sr. N. Letourneau; "New Horizons for Deaf People" (commonalities between special education and vocational rehabilitation and implications of the amended Rehabilitation Act of 1973) by A. Adams; "The Current Scene as Viewed by Vocational Rehabilitation" by A. Gehrke; and "Charge to the States" by F. Gattas. Noted in the conference summary are a Delaware organization fostering deaf equality, state plans and vocational rehabilitation, and the need for each state to have a state coordinator or vocational rehabilitation for the deaf. Also provided is a distillation of discussions on the following topics: mainstreaming of the deaf, career development of the deaf, programs for the multi-handicapped deaf, education of the parents of deaf persons, mental health services for the deaf, the need for training, and the need for improved state planning. A questionnaire to determine priorities of conference participants in the areas of planning and policy, organization and personnel administration, service delivery system, and program evaluation and research is included. It is reported that the highest priority rating was given to the need to establish detection, diagnostic, vocational education and placement centers to coordinate efforts and provide orientation to the deaf persons and his/her family. (DB)

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PROCEEDINGS

NATIONAL TRAINING SESSION

ON THE

REHABILITATION

OF THE

DEAF

COLLEGE OF EDUCATION, NEW MEXICO STATE UNIVERSITY

LAS CRUCES, NEW MEXICO

APRIL 20-22, 1976

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COORDINATING RECORDERS

Jointly Sponsored By

UNITED STATES OFFICE OF EDUCATION AND

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DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

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INTRODUCTION

This document constitutes the summarization of a Training Session made possible by the joint sponsorship of the United States Office of Education and the Rehabilitation Services Administration. It is the second of its kind, the first in 1967 having also been conducted at New Mexico State University. The purposes of these two landmark conferences were fundamentally the same--to enhance coordination of services to the deaf in meeting their special vocational and educational needs. That professionals in two federal agencies coordinated their efforts in making this conference possible is a tribute to them and to the idea of collaboration. The nation and the deaf in particular are deeply indebted and grateful as a result.

These proceedings include several sections which can serve as self-contained documents in subsequent meetings and other group deliberations. As such, these succinct sections provide fruitful background material for continued dialogue about the purpose of this meeting. Nothing is more important to the success of this endeavor than continual reference to what was said and done at the Training Session.

The speech by Craig Mills provides excellent historical background with regard to the first Las Cruces meeting. The Foreword by the conference editor provides similar explanatory information. The speeches as delivered are reproduced in an unabbreviated form to preserve all basic ideas expressed in the major presentations. Ben Barker's summary and the Report from the Discussants prepared by the coordinating recorders are useful documents for obtaining quick understanding of what transpired at this Session.

Unusual features of this final report include the Survey of Priorities and the Conference Evaluation. Both of these expositions resulted from questionnaires sent to all participants in the Training Session. Particular attention should be paid to the Survey of Priorities because of the implications of these findings for the related fields serving the deaf. Appreciation is expressed to the participants who contributed to this follow-up summarization of the meeting and to the evaluation of the conference itself. Perhaps this latter evaluation will assist subsequent planners in the conduct of sessions similar to the one reported herein.

And, indeed, it is the hope of all concerned that there will be additional sessions of a collaborative nature to serve better in a more coordinated fashion the pressing needs of the deaf in this country. Again, thanks and deep appreciation are extended the sponsoring agencies

which made this endeavor possible. Gratitude is also expressed for the many workers who carried out the divergent fuactions of the Training Session during its year of preparation.

Donald G. Ferguson
Director

New Mexico State University
Las Cruces, New Mexico

SCHEDULE OF TRAINING EVENTS

April 20, 1976

8:00 P.M. Training Session I

Welcome - Harry Wugalter, Secretary for Education, New Mexico
Address - Educational Imperatives, John Melcher
Address - Rehabilitation Imperatives, Craig Mills

April 21, 1976

8:30 A.M. Training Session II

Address - Marjoriebell Holcomb
The Current Scene as Viewed by the Deaf

Discussion Session A

12:45 P.M. - 4:00 P.M. Training Session III

Address - Sister Nora Letourneau
The Current Scene as Viewed by Educators of the Deaf

Charge to the Regions Dale Williamson

Discussion Session B

Address - Commissioner Andrew S. Adams
A New Horizon for Deaf People

4:15 P.M. - 5:15 P.M. Regional Meetings

April 22, 1976

8:45 A.M. - 11:45 A.M. Training Session IV

Address - August Gehrke
The Current Scene as Viewed by Vocational Rehabilitation

Discussion Session C

11:45 A.M. - 1:15 P.M. Luncheon by States

Charge to the States Francis J. Gattas

1:30 P.M. - 2:30 P.M.

Concensus Session

Summary Reports Coordinating Recorders

Final Summation Ben W. Barker

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FOREWORD

In 1967 a national meeting sponsored and funded jointly by the Federal Government offices of education and rehabilitation was convened at New Mexico State University, Las Cruces. The assemblage produced some notable results. This report is an account and summation of a subsequent meeting held at the same location, April 20-22, 1976. Viewed in perspective, Las Cruces '67 was one of the first national efforts to coordinate the services of educators of the deaf and leaders in the field of vocational rehabilitation. One of the features of the meeting was prominent participation by able deaf adults. They took part as speakers, discussants and informal conferees. To many of those in attendance these activities were a revelation of the potentialities of the deaf population.

Possibilities brought into focus by the interchange of ideas, emphasized by the contributions of deaf participants, caught the imagination of many who previously had underestimated both the complexities of rehabilitating the deaf and the importance of consumer involvement in planning and execution of programs. As a result, numerous state and regional meetings of similar pattern followed Las Cruces '67. The effective thrust of these meetings was to inaugurate and foster closer collaboration between the fields of education and rehabilitation as related to deaf persons.

With the passage of time, changing personnel and changing conditions, leaders in both fields felt a need for a review of and rededication to the concepts emanating from the 1967 meeting. With the current emphasis on personnel preparation, Las Cruces, 1976 was designed as a training activity to provide a fresh look, not only at the accomplishments of the preceding period but the prospects for the future.

Participants at Las Cruces '76 came from as far as the Trust Territories of the South Pacific and included a wide variety of interests. Among these were rehabilitation leaders, educators from both public schools for the hearing and schools and classes for the deaf, school psychologists, parents of hearing impaired persons, and deaf adults. This diversity reflected the growing tendency to place more hearing impaired persons in the so-called mainstream of services to the general population. This trend drew considerable attention and some fire from the participants.

Structurally, Las Cruces '76 resembled its predecessor with general sessions featuring a prominent speaker followed by small group discussions. Each group had a discussion leader, at least one deaf person with interpreter and a recorder to report discussion highlights. Four coordinating recorders endeavored to abstract the materials issuing from discussion groups. Their summary is found elsewhere in this report.

Because of the volume and diversity of problems and recommendations submitted, a checklist was developed subsequent to the meeting and submitted as a poll to all participants. This was intended to identify major points of concensus and a sense of priorities for future attack. Response was good and the results comprise a section of this final report.

Speakers on assigned topics in order of their appearance at the general sessions included: Dr. John Melcher, Wisconsin Department of Public Instruction, "Educational Imperatives"; Dr. Craig Mills, Rehabilitation Consultant, Florida, "Rehabilitation Imperatives"; Marjoriebell Holcomb, Sterck School for Hearing Impaired, Delaware, "The Current Scene as Viewed by the Deaf"; Sister Nora Letourneau, Superintendent of St. Mary's School, New York, "The Current Scene as Viewed by Educators of the Deaf"; and Mr. August Gehrke, Assistant Commissioner, Vocational Rehabilitation, Minnesota, "The Current Scene as Viewed by Vocational Rehabilitation"; Mr. Ben W. Barker, Director of Vocational Rehabilitation Services, Wilmington, Delaware gave a final summation.

Dr. Andrew S. Adams, Commissioner, Rehabilitation Services, Washington, D. C. spoke on the subject "A New Horizon for Deaf People." Executive Assistant Commissioner, Wilmer S. Hunt spoke at an earlier session. In yet another session, Francis J. Gattas, Vocational Rehabilitation, Columbus, Ohio described work which he heads in that state and gave a "Charge to the States."

In addition to the scheduled sessions of lectures and discussions, brief regional meetings were convened to enable participants to lay preliminary plans for follow-up activities at state or regional level. Formal reports were not submitted from these meetings.

Of significant impact in the total meeting was the injection of information about the Model State Plan for Rehabilitation of the Deaf,* presented by Dr. Jerome D. Schein, under whose direction the plan was developed. Implications of the plan for developing similar designs to involve education and other services for deaf persons stimulated numerous suggestions for a more global approach toward unsolved problems.

Salient points of the Model State Plan include:

I. Philosophy. Every state to make an explicit commitment to serving deaf clients.
II. Population. Deafness and hearing impairment defined and their relations to other disabilities discussed.
III. Vocational Rehabilitation. Procedures of finding, diagnosis, training, placement, etc. in relation to deafness.
IV. Manpower. Qualifications, recruitment, training, functions.

*Journal of Rehabilitation of the Deaf Monograph No. 3, 1973.

V. State Advisory Council. Group advising state rehabilitation administrator on purposes, structure, placement of state agency.
VI. Interagency Cooperation. Role of VR agency in coordinating varied resources for rehabilitation of deaf clients.
VII. Special Facilities. Comprehensive rehabilitation center for deaf people and other service patterns described.
VIII. Deaf Community Development. Suggested actions prerequisite to social evolution of the deaf community.
IX. Communication: National-State-Local. Each plan depends upon and furthers 3-way communication. Linkages and multiple systems.

It was reported that a 1976 follow-up survey on implementation of this model in the several states is already substantial and expanding. Extension of this model to the field of education of the deaf drew particular attention with calls for curricular reform, improved evaluation including evaluation of mainstreaming, and demands for establishment of special centers for training of deaf persons of low educational achievement.

Many of the suggestions called for programs that would involve elaborate inputs of human and physical investment with slight concern for availability of resources. Need for more trained manpower was emphasized along with needed legislation, cooperation among agencies and fuller recognition of persisting unmet needs.

In the search for solution of problems several of the formal papers called for more militancy on the part of the deaf. This idea did not draw strong favorable response from the deaf participants. As one deaf man expressed it, the term "militant" was not personally acceptable and seemed more likely to repel than to attract desired help. Need for public awareness and better understanding of the complexities of deafness educed several recommendations. Whether or not these could match the magnitude of the problem addressed remained a matter of speculation.

Somewhat unique to Las Cruces '76 was the contribution of parents in attendance. They observed that a principal leverage for lifting services for deaf persons to new levels lies in the power of parent-led advocacy groups. Some suggested that deaf persons should be prominently involved in these efforts, contributing advice as well as examples of potentialities of the hearing impaired. Still other parents believe that parents can be most effective by joining forces with other advocacy groups having similar interests and needs.

An undertone apparent in some of the sessions was a sense of defensiveness and even defeat. As one speaker put it, "We seem to have hit a snag." Another said, "All is not lost," and yet another observed that some of the current legislation, especially that upon which mainstreaming is based, seems to be predicated on "the erroneous assumption that all that has gone before was bad." Loss of interpreting services for the deaf and other worthwhile research and demonstration projects due to withdrawal of federal funding were decried. Of particular note

were several pointed demands for special facilities on a state or regional basis to meet the needs of the most severely handicapped deaf persons.

Expressions such as the above cannot be dismissed lightly. They stem from a continuing dissatisfaction with the failure of society to meet with full effectiveness the well-identified and continuing needs of those who cannot hear. For example, a 1967 national meeting* on the education of the deaf, ages 0-21, lists 64 specific recommendations. Virtually all of these were repeated at Las Cruces nine years later. This lag explains why some participants called for crash programs and other heroic measures to meet the educational and rehabilitative needs of the deaf.

At the same time there was clear recognition that some progress is being made. Important indications of change are to be seen in the growing role of parents and of the deaf themselves in the march toward a better day. Looking toward that future, the suggested follow-up activities in localities, states and regions will, in the final analysis, be the keystones for a bridge over which deaf persons can cross into full social and economic life. This is the message of Las Cruces, 1976.

*Education of the Deaf, the Challenge and the Charge, Report of the National Conference on the Education of the Deaf, Colorado Springs, Colorado, April 12-15, 1967, Superintendent of Documents. GPO Washington, D. C. 20402, $.75

John A. Gough, Editor

Rehabilitation Imperatives

Dr. Craig W. Mills
Rehabilitation Consultant
Tallahassee, Florida

Many of you were here in 1967, but many of you were not. Since 1967, we have become accustomed to hearing Las Cruces mentioned, not only as a hospitable city in New Mexico, but as a major turning point in the emphasis by Vocational Rehabilitation and Education on the special needs of deaf people.

That conference in 1967 served as an orientation on deafness for many leaders in rehabilitation. They were exposed to the most experienced educators of the deaf, to deaf people, to leaders of organizations of the deaf, to parents of deaf children, to some of the finest interpreters in the country, and to those colleagues in rehabilitation who were training counselors and leaders or who were conducting research and demonstration programs for deaf people. That conference greatly expanded our horizons and aspirations in deafness rehabilitation and set in motion a series of changes that have had a dramatic impact in the last nine and one half years.

While you may be discussing these changes in your groups and adding to the list of achievements, let me mention some of the highlights.

Since the first Las Cruces conference in 1967, all the ten HEW Regions have held regional follow-up conferences on deafness. Since regions hold annual conferences, many states are now holding annual conferences and are inviting deaf people, parents, teachers, audiologists, speech pathologists, counselors, interpreters, psychologists, job placement specialists, employers, mental health workers, vocational educators, facility specialists, and others who have important functions in putting together the variety of services needed for deaf people.

It would be important to mention that a follow-up conference was held at Delgado College in New Orleans in 1971 to review the accomplishments and plan for future needs. Later a special conference was held at Tarrytown, New York, under sponsorship of the Deafness Research and Training Center to try to identify the priorities in deafness for the decade of the seventies.

During this same period, we have seen a steady growth in the organization of the Professional Rehabilitation Workers with the Adult Deaf, along with the publication of the professional Journal of Rehabilitation of the Deaf, and conducting outstanding national meetings.

State Directors of Vocational Rehabilitation set up a committee on services for the deaf in the Council of State Administrators.

The National Rehabilitation Association created its special task force on Deafness which lead to the development of the Model State Plan for Rehabilitation of the Deaf, and then the special Congress on Deafness which was held in Tucson, Arizona, in February 1974.

Many state rehabilitation agencies moved to employ fulltime counselors for the deaf and then established cooperative working arrangements with state schools for the deaf.

Approximately forty states have appointed state coordinators of services for the deaf and nearly every state has agreed to make some positive move to start implementing the model state plan on deafness.

During the same year of the Las Cruces conference, the Council of Organizations Serving the Deaf was established with membership including all the major national organizations concerned with deafness. This Council set up plans for the annual Forums on Deafness which were conducted for several years.

Operation Tripod was organized "Toward Rehabilitation Information for Parents of the Deaf" and opened up a meaningful dialogue between rehabilitation people and parents of young people who would need rehabilitation services.

The Registry of Interpreters for the Deaf became a reality as a national organization with state chapters, and established examinations and certification levels for interpreters of the deaf along with establishing professional standards and a code of ethics.

The National Technical Institute for the Deaf at Rochester completed its building program and became fully operational with high quality technical education for the deaf.

Gallaudet College gained new leadership and expanded its model programs at all levels along with extensive improvements in its college program. The latest additions include a Master's Degree program in Counseling, and just this year, a new Rehabilitation Counselor's program for Region III.

The Deafness Research and Training Center at New York University has carried out a tremendous variety of meaningful research on the rehabilitation problems in deafness opening up new vistas in work with the television networks and with Spanish-speaking deaf, while doing extensive work on conferences, publications, in-service training, interpreter training, and completing the work on the National Census on deafness.

Vocational-Technical training opportunities have been demonstrated at Seattle, Minneapolis, and at Delgado in New Orleans.

Despite limitations in resources, the training programs at the University of California at Northridge, at Oregon College, Northern Illinois,

University of Arizona, University of Tennessee and New York University have made extra efforts to meet the short-term and long-term training needs in deafness rehabilitation, while assisting with special conferences, publications and many other special needs.

We are beginning to see a strong growth of interest by psychiatrists, psychologists, and community mental health services in trying to meet the mental health needs of deaf people.

The National Association of the Deaf has grown in membership and in influence. Its publications and book sales are a wonderful resource. Its Communication Skills Program has helped promote national interest in quality training in sign language. The vigilant efforts of the National Association of the Deaf are becoming a political force on behalf of deaf people.

The Commissioner of the Rehabilitation Services Administration has established an advisory committee on deafness which includes broad representation of deaf people, organization of the deaf and rehabilitation personnel.

Then just recently the Commissioner announced to the advisory committee that he planned to move the Office of Deafness and Communicative Disorders to the Office of the Commissioner. This is interpreted as an effort to give greater visibility to the efforts being made to serve deaf people.

Earlier the Commissioner had asked each of the ten Regional Directors of the Rehabilitation Services Administration to designate one person on the staff in each region to be the key person in working with states, facilities and other organizations in special efforts for services for the deaf.

These activities appear to be in keeping with the special emphasis in the Rehabilitation Act of 1973 in serving severely handicapped people who have rehabilitation potential. Deafness was included in the list of severe disabilities mentioned in the law.

Most of us in rehabilitation now recognize that it will be difficult to carry out the provisions in the 1973 law for an individualized, written rehabilitation program mutually planned with a deaf client unless we have staff members or skilled interpreters available who can communicate effectively with profoundly deaf people.

Most rehabilitation people who have come to understand the special learning problems and language problems of the profoundly deaf and the congenitally deaf now understand that this is a different disability from impaired hearing and requires different skills and substantial differences in the educational and rehabilitation process.

From this brief and incomplete summary of achievements you might get the impression that we have come a long way since Las Cruces 1967, and that is true. But as we assemble here again to look back over the events of the last ten years and to examine again the needs of deaf people in 1976, it is somewhat discouraging to see how many of the problems identified in 1967 are still with us today.

It is disappointing to look back on the number of splendid research and demonstration projects that were developed with rehabilitation grant funds in the decade of the sixties which were completed and phased out in the late sixties and early seventies. While many leaders emerged from these projects we lost the special teams and services for the deaf that had been created in many states.

It is disappointing to remember that the grant for the Council of Organizations Serving the Deaf was not renewed by the Social and Rehabilitation Service and this initial effort in developing an effective national coalition in support of deafness was lost.

It is disappointing to remember that the grant for the Registry of Interpreters for the Deaf was not continued by the Social and Rehabilitation Service and its efforts have been seriously curtailed.

It is disappointing to see the few research grants going to the field of rehabilitation of the Deaf outside of the research being performed by the Deafness Research and Training Center. It is discouraging to see such a small percent of the research funds under the Rehabilitation Act going to Deafness and to see the Deafness Research and Training Center with such a very small budget, compared to all the other Research and Training Centers sponsored under the Rehabilitation Act.

In order to carry out the mandate in the Rehabilitation Act of 1973 in giving real priority to to deaf clients and to provide the technical assistance on telecommunications, we feel the need for strong research and technically competent staff to make this possible.

In order to carry out the rehabilitation side of the cooperative effort with education, we see a growing challenge in the new mandatory special education laws in many states and the new act on education of the handicapped which passed the Congress this year.

While looking ahead with enthusiasm at these great challenges, we have a growing concern for those deaf young people and adults who have somehow missed out on their educational opportunities, and who because of this deficit in education, in language skills, in realistic life experience skills are not capable of living independently or finding employment without substantial, long-term programs of remedial education, personal adjustment and job skill training. We hope this group will diminish rather than increase as our educational and rehabilitation efforts improve. For we know that this tragic loss can, in most cases, be avoided.

Parents and deaf people have spoken out. The Congress has made its intention clear. Deaf children and adults have a right as citizens to expect that people in all levels of education, people in vocational education, in adult education, in vocational rehabilitation, in diagnostic clinics, in mental health programs, in facilities, in state institutions will all be looking for better ways to find deaf people in need and far better ways to meet their needs.

With education and rehabilitation, we need to think beyond pre-school and elementary education programs to help plan secondary and post-secondary programs with meaningful vocational content. This means we need the people in vocational education, technical education and adult education and they need our help in understanding the problems of deafness.

I hope that Las Cruces Revisited can be more than a nostalgic return to this city, but that it can again be a significant turning point in rehabilitation and educational services for deaf people.

What Must Be Done?

John W. Melcher, Supervisor
Early Childhood-Handicapped
Department of Public Instruction
Madison, Wisconsin

Friends of the deaf, deaf friends, tonight I would like to share with you my convictions on the tasks that need to be completed before we can be satisfied with our mission of special education of deaf children and youth. First, I must share my strong opinion that teachers and other workers who serve the deaf are the most dedicated and committed people I've met in my three decades of special education administration. However, I also strongly feel some professionals working with the deaf are of the opinion that deaf education has reached its zenith and we have little need for changing of style of educating the deaf. My words tonight are directed to areas of inadequately met needs as I see them from a generic special educator's point of view.

I would like to pursue ten of these inadequately provision areas with you tonight and offer a few suggestions for change.

1. First, we must aggressively seek out children with gross hearing loss. Early detection systems must seek out referrals from non-school personnel who see children with severe hearing loss during those critical first years of the child's life. This means closer collaboration with doctors, nurses, Headstart personnel, speech and hearing clinics, and with groups such as C.A.P. who come in early contacts with these children. Sibling trace techniques and other high risk selection techniques must be employed so that we can "zero in" on children who run a higher chance of being educationally deaf. Rural children and those "lost" in the density of the city ghettos must be sought out by intensive screening programs that are related to the total health and education activities of the specific community and its subcultures.

2. After a child has been "found" who "appears" to the minimally trained observer to be deaf, we must then take those screened children and see that they get truly sophisticated and comprehensive evaluations, including otological, audiological, language (of all varieties), social and general physical examinations at public expense if private resources of the family are limited. Any and all forms of amelioration of the hearing loss must be provided including instrumentation, surgery, and other medical interventions, and early language therapy (by any and all techniques suited to the child's apparent needs and potential). Traveling clinics of specialists should be used to reach children caught in demographic, social or financial "cul-de-sacs."

3. After initial problem identification and immediate medical and educational interventions have commenced, the child's parents and siblings should be provided with quality counseling services so that they can "aid and abet" learning in the young deaf child. Schools must get off dead center and begin to assume responsibility for education of the very young deaf child in his home and in special centers equipped with truly creative equipment and teachers. Itinerant teachers of the deaf should be guaranteed to each deaf child and his family from the day of identification until he or she is ready for an intensive in-center educational program. These teachers must be guaranteed by the public school both on legal and moral grounds. Colleges must begin to train teachers of the deaf to be counselors, parental advisors, case managers, as well as facilitators of academic and social learning in the children they serve.

Researchers and curricula planners must improve our tools of measurement. Our assessment devices of today are outmoded in many instances and perpetuate some of the stereotypes we have built around deaf education including those that develop what I call "underexpectation" of the deaf learner. We can not simply adopt psycho-educational measurement tools that were designed for and standardized on hearing population and have them truly predict the deaf learner's assets and deficits. If we are to have a dynamic prescription-oriented curricula offering for each deaf child, our prescription writers must have new, more specific and deaf population-oriented tools of measurement and competency-based curricula standards. I, for one, strongly believe that a deaf adolescent with normal intelligence will in the future go beyond our "sound barriers" of today that are built around acceptance of sixth, seventh, or eighth grade academic attainment as "normal" for deaf pupils.

4. Another imperative we must tackle is that of associated or secondary complications in deaf children such as physical defects, vision problems, emotional disorders and socio-cultural conflicts. For example, a relatively treatable vision defect that is ignored will impair the child's potential for language development of any variety. A child from a non-English speaking home needs extra educational services to offset this secondary complication of his avenues of learning. Many of these non-primary complications can be reduced or removed if we see <u>each</u> child's specific potentials and plan to reduce or remove his secondary problems by using school and non-school resources to "attach" the correctable defects.

5. In order to do the highly individualized programming for each deaf child and youth--at the lowest possible cost--we must "stretch" our professional staff by greater use of qualified paraprofessional workers. These staff members must be more than "milk wipers and cracker dispensers." They should be trained to augment the teacher and serve as integral parts of the deaf child's <u>instructional</u> team. They can serve as tutors, small group implementors, and special assistors to the children with special physical, social or emotional needs--all done under the authority and responsibility of the teacher-team leader.

6. A sharp increase in the quantity and quality of our classroom teaching materials for the deaf must be provided. Collaboration between non-educators such as electrical experts, mechanical engineers, media experts, data programmers, and a myriad of others who work ordinarily in other domains should be enlisted by school personnel to serve as partners in improving the scope and sequence of education for each deaf student. Multisensory learning hasn't been fully implemented in deaf education and will not be unless we collaborate with the professionals aforementioned.

7. In my opinion, vocationally oriented education for the deaf is, at the best, "spotty" and lacks a definite set of objectives, goals, tasks and expected outcomes. The huge potential that deaf youth present gives us a fertile field to pursue new job markets for deaf that up to this day have been ignored or rejected as inappropriate for the deaf. We currently can point to a limited number of deaf adults who have "made it" in the non-stereotyped job settings--why can't we systematically seek out and place deaf youth in greater volume in the accounting professions, hospital technical positions, data programming, research analysts jobs, and in government technical work.

8. A grossly ignored area of educational responsibility is the education of the deaf adult. Many relatively successful deaf adults are "crying for" the opportunity to improve themselves--vocationally, socially, financially, and as citizens of their home area, state and nation--yet we offer almost no training to these eager learners once they leave our formal school system tracks. I strongly suggest closed circuit TV programming via cable networks, short courses on subjects the deaf select, family counseling services, cultural and practical course work evenings, during vacation periods, and on weekends for these citizens. Higher education systems have not sought out and met the needs of this minority.

9. To achieve a higher expectancy for the deaf, we must assist them in asserting themselves in the public sector. We must "turn over" truly responsible leadership positions to them in our facilities that are dedicated to improving the lot of the deaf. Deaf leadership must be generated from within. The intellectual potential is there but the complacency of most deaf people and our own sincere but miscalculated paternalism must change markedly but in a non-hostile and orderly progression. Let's build quality deaf--deaf leadership now before pressure forces us to abdicate leadership roles to the unready.

10. My final bias has to do with a crying need for a sincere cooperation and peerness between all of us who are deaf or who have chosen to spend our lives working with and for the deaf. We must be willing to share our trials and tribulations as well as our combined success. We must amalgamate our rehabilitation efforts, educational services, deaf organizations and our friends in the total fabric of society so that we are not lost and forgotten in the complex impersonal work that surrounds us. We must search, work and succeed by showing

our mutual concerns and convictions via communications available to us as friends. David Hume said it well, when he said, "Among well-bred people, contempt is controlled, authority concealed and attention is given to each in his turn; and an easy stream of conversation is maintained; without vehemence, without interruption, without eagerness for victory and without any airs of superiority."

The Current Scene As Viewed by the Deaf

Marjoriebell Holcomb
Regional Field Agent
Sterck School for Hearing Impaired
Newark, Delaware

This is the Bicentennial Year....a good time to review the national heritage of the education of the deaf in America.

In the United States, the earliest attempts to educate the deaf was when some children were sent to Thomas Braidwood's schools in Britain.

In 1803, Mr. Green conducted the first census of the deaf in the United States estimating about 500 deaf people.

The Rev. Mr. John Stafford started a class in 1807 in a New York City poorhouse but he was soon forced to close the doors.

John Braidwood, grandson to Thomas Braidwood, was hired by Colonel William Bolling to establish a school in Virginia in 1813. The school was shortlived.

In 1815, Dr. Mason Cogswell, father of a deaf girl, and a committee of his influential associates, sent Thomas Hopkins Gallaudet to Europe to learn how to teach the deaf in order to establish a school in the United States. Gallaudet went to England, where the Braidwood monopoly refused to share its secrets. Gallaudet was welcomed in France by the Abbe Sicard and two deaf teachers, Jean Massiau and Laurent Clerc. Sicard lent Clerc to Gallaudet to go to the United States and help him with his endeavors. Gallaudet and Clerc introduced the language of signs in the United States.

The American School for the Deaf (The Connecticut Asylum for the Education and Instruction of Deaf and Dumb Persons - 1817) at Hartford opened with seven pupils. It was the first permanent school for the deaf in the United States.

The Kentucky School for the Deaf, founded in 1823, was the first school for the deaf in the United States established and funded by a state government.

Horace Mann visited Germany in 1843 and was greatly impressed with the oral programs which Samuel Heinecke founded. He felt that the mind was opened through spoken words and this began the Hundred Year War over methods of teaching in education of the deaf.

John Clarke, a philanthropist, donated $50,000 to establish an oral school. In 1867, the Clarke School for the Deaf opened at Northampton, Massachusetts.

Dr. Samuel Gridley Howe developed a formal education for the deaf-blind at the Perkins School for the Blind (Massachusetts School for the Blind) in 1837.

Alexander Graham Bell and his father brought Visible Speech Symbols to America from Scotland.

Congress and President Lincoln chartered the National Deaf-Mute College in 1864 and it was renamed Gallaudet College in 1894.

Since then, N.A.D, A.G.B., C.E.A.S.D., N.F.S.D., G.C.A.A., J.T.C., C.E.C., V.R., L.T.P., P.R.W.A.D., R.I.D., N.T.I.D., A.A.A.D., I.A.P.D., O.D.A.S., N.T.D., I.A.C.D., Jr. N.A.D., C.O.S.D., S.E.E., C.F.D., M.S.S.D., D.A.W.N., T.T.Y., H.A.D., N.O.W., Rochester Method, Cued Speech, Total Communication, The Babbidge Report, Mainstreaming, The Right to Education, Tripod, Deaf Pride, Inc., The World Federation of the Deaf, Continuing Education, Adult Education, The National Center for Law and the Deaf, and many others have come on the scene. The deaf indeed have come a long way.

I could ramble on but the planning committee asked me to give current views on (a) MAINSTREAMING, (b) THE MOST SEVERELY HANDICAPPED DEAF AND THE WORLD OF WORK, (c) PARENT EDUCATION NEEDED IN AN ERA OF CHANGE.

MAINSTREAMING

As you know, there has been much concern about mainstreaming lately. Most deaf people are very much against it; administrators are afraid of it and the parents have mixed feelings on it. Wherever mainstreaming has been discussed, strong emotions have often been displayed. People tend to be wholly for it or wholly against it, with few middle-roaders. Ask a half dozen people to define mainstreaming and you probably will get a half dozen different answers. Mainstreaming very obviously means different things to different people. To many people, mainstreaming boils down to two things: (1) keeping children at home, or (2) sending them away to school.

In my opinion, this is a very poor conception of mainstreaming as deaf children sent away to school could have more mainstreaming than those kept at home. It all depends upon the policies of the schools. At present, more of the day schools and day classes believe in mainstreaming than the residential schools do. However, this could change in the near future if the concept of mainstreaming is made more clear and the process proves beneficial to deaf children. If mainstreaming could come to mean that deaf children be integrated with hearing children for some subjects where they have ample opportunities to learn to their maximum with full supportive services, then perhaps it would no longer be the dirty word that it is now to many people. Unfortunately, this may never come to pass as the roots of mainstreaming as it is now known are too deep and too widely spread to be changed.

Therefore, a new term and a new concept must be coined. This new terminology must mean children learning together under conditions as equal as possible for maximum learning for all.

This new terminology must mean that full supportive services including full interpreting and tutoring services will be provided for every child who is in one or more classes with hearing children. It must also mean that all those who come into contact with deaf children will be provided with orientation on deafness and all of its implications. The term will also mean that no deaf child will be with hearing children just to mark time: May we suggest the word LEARNSTREAMING to mean all of these things?

As many of you know, my husband, Roy Holcomb, lives, eats, sleeps and dreams of ways for the two worlds, deaf and hearing, to live, play and learn together to some extent. He feels very strongly that the time is ripe to do these things now. He believes that along with Total Communication, better techniques should be devised for teaching speech, speech-reading and language along with which there is now need for a major new dimension to help many deaf children take a giant step forward. Learnstreaming could be that dimension.

Roy feels that our deaf children must have much exposure in meaningful ways to the language and the mores of the hearing world before they can really grasp them. He feels that people cannot grow fully unless they go beyond themselves and their own group. He does not propose that we do away with residential schools but rather that they should be the leaders in devising ways for deaf children to learn with others. He feels that the residential schools have the know-hows for educating the deaf and should promote living with others rather than in isolation.

Many colleges are now providing opportunities where deaf and hearing students learn side by side for certain things.

The community is also now encouraging togetherness in churches, service clubs, community education and in other functions.

It is now time for schools to work at helping children to live and learn together at least for some things.

Learnstreaming would provide these opportunities for learning together. In a nutshell, learnstreaming is learning at school, play, or in life with all things being as equal as they can be made for all people. Learnstreaming is only for those who may benefit more with hearing peers than they normally would in self-contained situations. Learnstreaming is always controlled by qualified administrators of the deaf. Learnstreaming differs from mainstreaming in the sense that full supportive services with interpreter-tutors as well as orientation to deafness are guaranteed.

People in many parts of the country have asked for a word that means deaf children learning with hearing children under conditions that are equal or as equal as can be made. Learnstreaming fills this bill.

The word, LEARNSTREAMING, may sound strange at first but so do all new words.

I hope that many of you at this great conference will in time agree with this new terminology and that you will take it back to your homes and use it to give deaf people a fair shake when and if they are with hearing associates.

To help you with this task there are booklets on this topic which you may pick up after my presentation.

THE MOST SEVERELY HANDICAPPED DEAF AND THE WORLD OF WORK

Everybody realizes that the severely handicapped deaf deserve the best education and training that can be provided in order for them to find happiness and success as participating members of society and in the world of work.

The federal government feels its responsibility for providing each citizen, hearing or deaf, with equal opportunities to develop his mental powers to the fullest capacity.

The rehabilitation program, since its beginning, has been concerned with the economic self-sufficiency of the individual. And yet, the lives of many severely handicapped deaf are doomed from the beginning--out of reach of all help. This situation has been here for some time now. How are we going to change it? Can we change it?

As you know, there is a shortage of facilities and personnel to properly educate the severely handicapped deaf. Many administrators of schools for the deaf refuse to accept them. Deaf children with emotional-behavioral problems are often expelled from schools with no other place to go. Many schools are so overcrowded that they cannot accept severely handicapped children. Many of these children are abandoned by their panic-stricken families. Others are sent to custodial institutions where there are no instructional programs relevant to their deafness and other handicaps. Some severely handicapped deaf are still hidden in "attics."

It has been said that some 75% of the known institutionalized severely handicapped deaf could be removed from institutions if proper services were provided. Parents, after proper counseling and training, could be encouraged to take many of their children back home to live.

Severely handicapped deaf adults are often not aware of the commonly-accepted services (Hot Line, A. A., Marriage and Family Counseling, Senior Citizen activities) available to citizens. Oftentimes, even when they are aware, they cannot benefit because of their communication and language problems. They then learn to live with their problems in loneliness and wither away in dark corners of life.

One of my students at the University of Delaware wrote this:

> "A deaf person is like a boxer. From the beginning, a boxer is taught to "grin and bear it." He must always be strong and persistent regardless of what happens. Every time he gets "knocked down" in life, he just grins and keeps going. He sets himself up, sticks out his chin and takes this brutal punishment again and again. After a while, the fans (the public) start yelling at the referee to stop this madness. "It's a mismatch. It's murder." We want to send him back to the gym and teach him a bit more about self-defense--much, much too late. For all of his gallantry, his brave grin and bluff are not enough."

The educational curriculum for the severely handicapped deaf needs changes appropriate to their unique needs. The curriculum should be geared to pre-vocational and vocational areas making them more realistic and workable. The curricula should also include living and social skills which apply to both high and low-functional, severely handicapped deaf youngsters and adults.

Continued efforts to determine experimentally the qualities and competencies required for an individual to become an effective teacher/counselor are essential to the improvement in the area of the most severely handicapped deaf.

While the world of work is becoming more sophisticated as well as complicated, there still remain many manual and semi-manual jobs that can be filled by the severely handicapped deaf if given proper training and placement.

Placement is a significant area that is often overlooked. A critical problem that many deaf people find impossible to tolerate is being assigned to isolated employment. Loneliness is the worst adversary. The deaf quit well-paying positions if their social life suffers. They lose jobs because they refuse to agree to odd working hours when it means they may have difficulty in seeing friends after working hours.

Institutions and/or hospitals often bring frightening experiences. The deaf will not respond to treatments without warm understanding from people who can communicate with them and understand them.

Hopefully, there will be more federal aid going all the way down to the severely handicapped deaf providing sufficient aides coming to their assistance with warmth and compassion. These are desperately needed.

In Delaware, we have an organization called CODE (Council on Deaf Equality). It has been doing wonders to provide needed services for deaf people at all levels including the severely handicapped deaf. I am sure that there are many things that we can share with each other at this conference to help us with our work with the severely handicapped deaf.

PARENT EDUCATION NEEDED IN AN ERA OF CHANGE

During the past few years, there has been much talk on the importance of parent education. This has resulted in significant new developments such as International Association of the Parents of the Deaf, Tripod, Deaf Awareness and local P.T.A. activities. New involvements--parent-child programs and sign language classes, among other things--have sprung up around the country. Parents now understand and accept the handicap of deafness better than at any time in history. Parents can communicate with their children better now than any time in the past. Parents now include their children in more family living than ever before.

However, have parents had the intensive training needed to give their children every opportunity to make it? Do they know how to help them with their homework? Reading? Do they know how to include their children fully in family life? Everyday activities? Community activities? Do they know how to entertain their children's deaf friends and help them to have hearing friends?

Perhaps not when many of the professions with years of training and experience have difficulty in penetrating the walls of deafness to any great extent.

However, the schools, agencies, and the homes working together should certainly do a better job collectively than if working alone. Therefore, extensive training in the home for parents is a must if our handicapped children are to take another giant step forward. We cannot just talk about it. We must provide it some way. There must be people on every organizational staff who specialize in helping the parents to help their children.

Another area of concern is hearing children of deaf parents. Little or no help has been provided for these families in the past yet there have been some real problems here. Deaf parents have often found it most difficult to understand and to give guidance to their hearing children since they themselves are deaf and cannot understand the many functions of hearing.

This is somewhat similar to hearing parents trying to understand and help their deaf children while they never really have experienced deafness and all of its implications. The latter parents have received some help, while the former, practically nothing.

Many deaf parents desperately need counseling and help in bringing up their hearing children. This is an important criteria to be considered in parent education because we still have many "Margaret Ryders" (from In This Sign by Joanne Greenberg) among us.

CONCLUSION

Since mainstreaming (learnstreaming) is definitely here to stay, it is up to us to put it in the proper focus. Otherwise, countless children's lives will be wasted. Learnstreaming encourages the proper togetherness

between deaf and hearing students. This is not always true of mainstreaming. Therefore, learnstreaming should be the way that we encourage the deaf and hearing worlds to live, play and learn together.

Mainstreaming is a joke in most programs around the country. It really should be called "drownstreaming." It is cruel, heartless to mainstream without supportive services and full and meaningful communication. Yet, that is the way mainstreaming may continue as the deaf are too nice to MARCH on schools and demand equal opportunities in education.

Much more specialization is needed in parent education. Parents, hearing and deaf, must have extensive training in order for their children to have the opportunities for proper upbringing.

Since World War II, the education and the welfare of the deaf have moved forward tremendously. However, during the past few years, things have run into a snag.

It is up to us to get things moving again. Over the past few years some minority groups have broken many barriers and made great progress by taking strong actions for themselves. They were listened to because they became militant. They got results in many areas. The deaf have been patient and are still lacking in just about everything. They will continue to be lacking until something major is done here or elsewhere. What do they lack? That is a good question.

Take the telephone. For years the deaf had none. Then a deaf man took a simple monitor and made it work with a TTY. Men were put on the moon but a simple phone for the deaf was inconceivable. The TTY which many of the deaf now have is a huge, ugly piece of equipment that many people term as their lovable "monster." Not only does it take up a great deal of space but it also costs to purchase and to operate. The militants would use strong tactics with a telephone company and get action while the deaf will probably suffer in silence another 50 years or so before something decent is developed for them.

The education system for the deaf in many places is nothing to be proud of because of numerous reasons. Yet, the deaf are helpless to do anything about them except perhaps growl a little every now and then.

Many residential schools are too structured and traditional to really challenge the children to perform to their maximum abilities.

Many day classes for the deaf or classes with deaf children integrated in them lack real understanding of deafness and thus deny the children opportunities for full growth. Deaf children are thrown into classes with hearing children and told in word or action to swim or sink. Of course, most of them "drown" educationally, socially and psychologically.

There is discrimination in employment. Outside of educational settings you will find few deaf people who have really made it with vertical, rather than horizontal promotions. We can expect to continue in this way for many years to come unless someone causes a major change in the world of employment. Certainly the deaf are not going to STRIKE and demand it.

The severely handicapped deaf are going to stay pretty much the same as they are now as long as there are no combined major efforts on their behalf. The public, while now ready to learn and be concerned about deafness as never before, is afforded few programs and little follow through in the orientation process.

Perhaps many of you in this audience are now saying to yourselves that things are not at all as bad as I am suggesting, or that I should not rock the boat; it could be worse; or something similar.

Well, the government realizes our present dilemma and has put up $260,000 for this great conference. It has brought you, the key people from every one of the 50 states to help get things moving for the hearing impaired in this country. Good luck to each of you in coming up with plans to do just that over the next few days. Let us give the deaf a new heritage, one that we can be proud of. Thank you.

The Current Scene as Viewed by Educators of the Deaf

Sister Nora Letourneau, Ph. D., Superintendent
St. Mary's School for the Deaf
Buffalo, New York

Good afternoon. As I was preparing my presentation for this afternoon, many of the words that are being used to paint our current scene kept coming to mind. They made me think of the many contrasting colors and hues which an artist must use to give depth and detail to his developing feelings and ideas as they become a reality on canvas. Words like acceptance, respect, manipulation, communication, mainstreaming, deinstitutionalization, mandate, concern, love, uniqueness, integration, potential, caution, career development, evaluation, cooperation, openness, normalcy, apprehension, services, rehabilitation, coordination. Let me try in the next few minutes to put together some of these words and the many ideas they bring to mind and let's see together what kind of a pictorial scene we can create. My creation will necessarily be limited by my own perceptions and experiences and that is the great merit of a national gathering such as this. For each of you in the working sessions which follow will bring your own rich experiences to the task of creating a positive thrust into the future built on all of our collective experience of the past and the reality of the present.

First, let's look at what I consider to be the words that form the basic composition of our scene--acceptance, love and respect for the uniqueness of the individual--without these underlying qualities any educational or rehabilitative program will fail.

One of the most fundamental human needs is the need to be appreciated. Every human being wants to be valued, to be accepted for what he is. Nothing can be more devastating in human life than the experience of not being completely accepted. When a person experiences non-acceptance, then something in them is broken. A baby who is not welcome is destroyed at the very beginning of his existence. A student who does not feel accepted by his teacher will not learn. A man or woman who does not feel accepted by his/her fellow workers on the job will probably develop ulcers and be miserable and irritable at home. What does acceptance of a person, a child, a handicapped child mean? It means that a person is given a feeling of self respect; a feeling of worthwhileness; a feeling that people are glad that "I am who I am, that I have the freedom to be myself." Acceptance means that though there is a need for growth, the person is not forced, he does not have to be someone he is not. Everyone of us is born with many potentialities. However, unless they are drawn out by the warm touch of another's acceptance, they will remain dormant. Acceptance gives me room to unfold, it liberates me, it creates the least restrictive environment for me to become the unique person that I am meant to be. When a child is not truly accepted by his parents, his teachers and his society, all doors are open to manipulative relationships.

The developing child and adolescent must be treated as a partner in a process of growth, not as an object to be managed or a skilled or semi-skilled human machine to be trained and later placed in a job slot. Either learning is dialogue or it prepares the road for an oppressive and manipulative culture.

When a person is appreciated for what he does, he is not unique; someone else can perform the same function perhaps even better than he. But when a person is loved and accepted for what he is, then he becomes a unique and irreplaceable personality.

Education and rehabilitation are based on love and respect for the uniqueness of each person.

THE MAINSTREAM OR INTEGRATION SCENE

Next, let's look at the mainstream or integration section of our composition. How would an educator of the deaf describe the current "mainstream or integration scene"? Some descriptor words that come to mind quite readily are: (1) mandated tidal wave, (2) enthusiasm/apprehension, (3) caution, (4) coordination.

The tidal wave of reaction to the institutionalization of handicapped youngsters, particularly the mentally retarded (for this is where the first impetus came) has swept all handicapped groups into the "mainstreaming" flood. Even though there are those who raise their voices and shout that special schools and classes are needed and remain a viable educational alternative for many severely impaired children, the surge of the movement in many sections of the country is so strong with governmental mandates that these people are merely seen as members of the special education establishment who are fighting to retain the "status quo" of their programs for the apparently selfish reasons of job security. Their warnings are thus easily and righteously dismissed as children are moved from one program to another.

When the proper preparation of public school administrators, teachers and hearing students has taken place prior to the placement of a hearing impaired child in a public school setting it has been my experience that the child is received with a great deal of enthusiasm mixed with some healthy apprehension. The apprehension is natural and clusters around teachers' fears of not meeting the needs of the deaf child because of lack of training or experience, communication, availability of support services, and lack of knowledge about evaluative tools and how these relate to deaf children both in the academic and the psycho-social aspects of the child's life.

Teachers of the deaf, as members of the team in such a setting, are invaluable for allaying these apprehensions and giving the in-service training needed to provide the regular classroom teachers with the information and tools that are required. A word of caution here--when the teacher of the deaf is a first year teacher with little experience except

his or her year or two years of training in a graduate teacher preparation program and when there is little or no supervision from professionals in the field of the education of deaf children then this program could lack depth and vision and the wheel may be invented over and over again. It is important in such a circumstance that the new teacher of the deaf keep in close touch with an established program for deaf children and ask for assistance when needed. The public school administrators would do well to seek on a regular basis some kind of supervision from personnel at a school for the deaf. The ideal situation occurs when the personnel from the school for the deaf are actually coordinating the integration program. However, this is not happening in many areas and the above caution strongly applies in these situations.

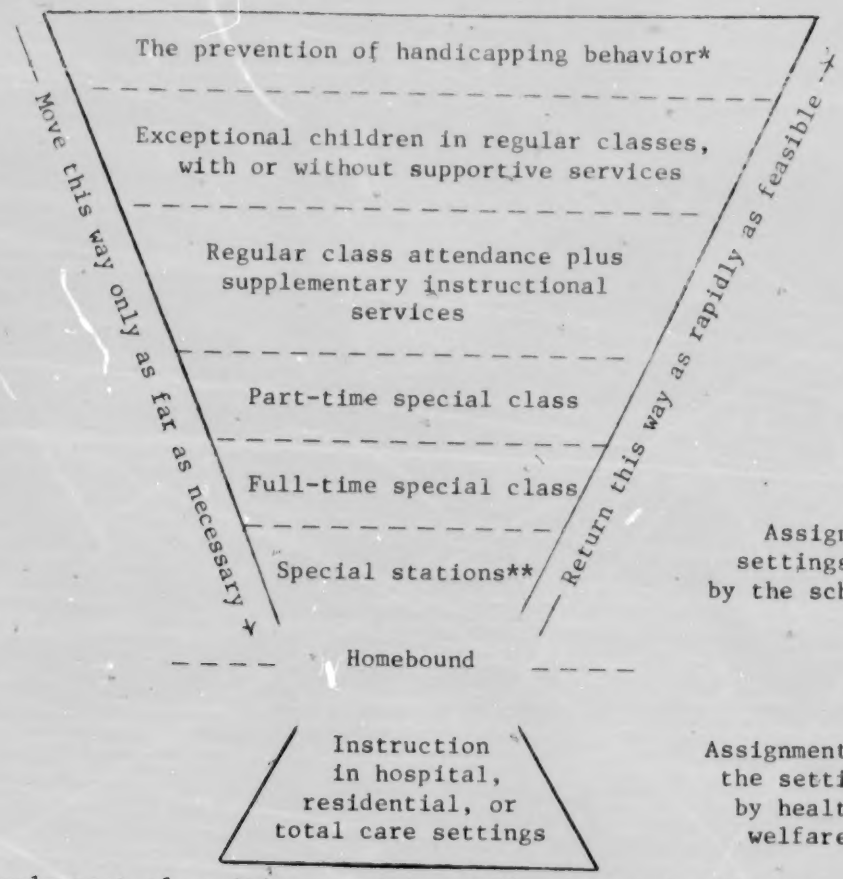
Another big area of caution that is important in the mainstream scene is the avoidance of the right/wrong; success/failure; up/down syndrome. The notion of integration signifying success or the right way must be dealt with and eliminated. There are still many severely hearing impaired children and multiply-handicapped children who need special schools and their lack of ability to move into regular classes should not be regarded as wrong or failure, or a step down. The backlash of such strong public opinion and press for mainstreaming or integration could be a sense of hopelessness and despondency in those who remain in special programs or more particularly in their parents because their child "did not make the grade."

Though Evelyn Dēno's cascade system of special education service was not intended by the author to be given a success/failure connotation as children moved from one assignment to another, nevertheless many overzealous advocates of mainstreaming have given it just this kind of meaning and even the visual diagram gives the feeling of the special classes and special situations or schools as being the most restrictive environment. I would prefer to use a circular model of interdependent services such as this one which shows the supportive services needed and the necessity for a coordination team or coordinator to bring together the administrators of all of the autonomous educational entities involved in the delivery of services and the variety of educational settings available.

Another question arises. Are we moving handicapped children into the regular public school setting so fast that we have not given administrators and classroom teachers enough time to adequately prepare themselves, the system, or the curricula for the inclusion of these students? If this is the case, handicapped students may sit in regular classes and be faced with frustrations and social isolation which destroy their self-concept and self-worth. Acceptance goes out the window in these situations.

THE SCHOOL FOR THE DEAF SCENE

Let's shift our focus now to the school for the deaf scene. Currently, the picture might be painted by such words as concern, cooperation, evaluation.


Level 1
The prevention of handicapping behavior*
Level 2
Exceptional children in regular classes, with or without supportive services
Level 3
Regular class attendance plus supplementary instructional services
Level 4
Part-time special class
Level 5
Full-time special class
Level 6
Special stations**
Level 7
Homebound
Level 8
Instruction in hospital, residential, or total care settings
Move this way only as far as necessary
Return this way as rapidly as feasible
Assignment of pupils to settings governed primarily by the school system
Assignment of individuals to the settings governed primarily by health, correctional, welfare, or other agencies

*This means the development of positive cognitive, affective, and psychomotor skills in all pupils that will reduce or prevent the frequency of handicapping behavior.

**Special schools in public school systems.

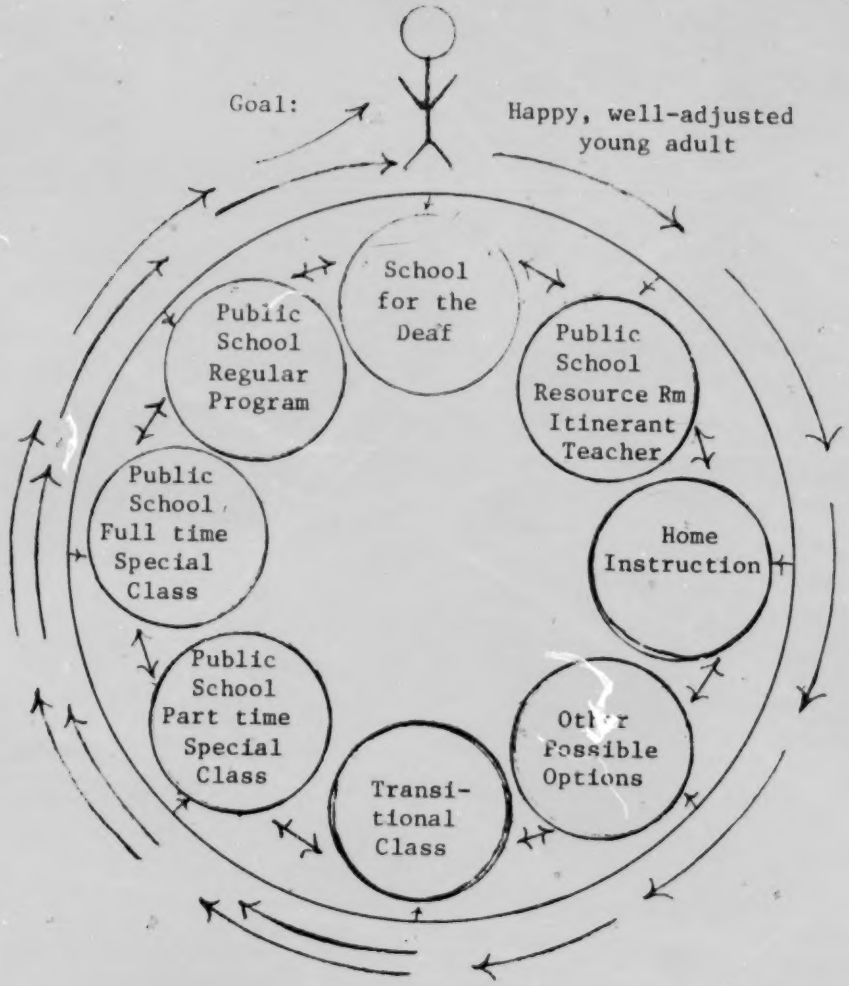
CIRCULAR MODEL

OF

INTERDEPENDENT SERVICES

FOR

HEARING IMPAIRED STUDENTS



Supportive Services							
	Administration Supervision	Audiology	Speech Pathology	Admissions Team	Social Worker	Rehabilitation Counselor	Medical Consultants
		Psychology	Communications Experts		Parent Education	Voc./Career Education	

Coordinator or Coordination Team

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Concern is voiced from administrators and faculty alike and is aimed at a variety of areas.

(1) Meeting the needs of deaf children, especially the multiply-handicapped and emotionally disturbed. Mental health services are still desperately needed throughout the country as was evidenced quite plainly during the interaction of participants last June at the Mental Health Symposium held in Chicago. Rehabilitation workers could be a strong force in pushing for services in this area.

(2) Need for career development programs at a much earlier age, especially with the multiply-handicapped students. Need to develop on-the-job training opportunities, work/study programs, and further training possibilities for this group.

(3) Concern for the quality of programs springing up in public school districts. This concern might be aimed at:

(a) the training and experience of teachers and supervisors;

(b) the numbers and age range of the deaf children in the program;

(c) the communication method established and its carry over into the home; early and continued parent and sibling counseling and education;

(d) concern for deaf students moving into integrated programs at various levels and the supportive services available. This seems to be especially critical at the secondary level;

(e) financial commitment to the present program and its continuity throughout the school life of deaf children; shrinking school budgets make this a deep concern as educational priorities are shifted and programs for handicapped children are shortchanged. It is in these situations that parents, educators and rehabilitation workers with the deaf must assume an advocacy role; and, finally but most important

(f) the emotional and social well-being of deaf children which depends so much on the attitudes of administrators, teachers and peer groups.

The second word used to paint the current school for the deaf scene is "cooperation."

More and more school administrators and personnel are moving out to the community searching for and initiating ways to cooperate with other agencies and community groups interested in the well-being of deaf children. The expertise found in the schools, i.e., educational, psychological,

audiological, media and library, vocational, medical, etc., is being offered to and shared with public school districts and their Committees on the Handicapped, rehabilitation personnel, the deaf community, medical personnel, teacher training facilities, employment agencies and industry, social service agencies, etc.

Partial integration into nearby private and public schools both for vocational and academic subjects is much more the accepted mode than the exception.

One other word that seems to describe some important activities at schools for the deaf is "evaluation" or, if you will, "accountability." I'm not talking here about the accountability that is forced on a school as part of the justification for use of federal or state funds. This kind of evaluation can be sterile and unproductive of any meaningful change. What I'm referring to here is an inner urging or conviction on the part of educational administrators and especially staff members that the kinds of educational programs being planned and followed are really meeting the needs of the deaf children for whom they are intended. Such questions as:

(1) What do we mean by success for this particular child?

(2) What are our criteria for success? How is he functioning?

(3) What do we really expect of him or her?

(4) What are our educational or behavioral objectives?

(5) How do we measure them?

(6) How do we assess a child's communication ability?

(7) How do we assess a child's performance in the psycho-social adjustment area?

(8) What is acceptable performance for this particular child?

All of this questioning and focusing on evaluation brings the individualization of programs into sharper focus. Prescriptive teaching, the creative use of media (CCTV, captioned films, programmed materials, etc.), computer assisted instruction, learning centers, all focus in on meeting the needs of the individual. The push for mainstreaming has certainly "pushed" personnel at schools for the deaf into this stronger evaluative stance more than any other movement in recent years and this is good. With these kinds of evaluative and predictive criteria, it will be much easier to identify deaf children who can be integrated successfully. It will also be a tremendous help in strengthening programs at schools for the deaf.

THE REHABILITATION SCENE

In looking at the rehabilitation scene as it relates to, reflects and interacts with the educational scene of today, one could view it as a scene depicting varying degrees of caring, flexibility and credibility.

Going back to my opening remarks, it is an accepted fact that education and rehabilitation are based on love and respect for the uniqueness of each person. A rehabilitation counselor then is a person who cares for his/her client. This seems so obvious that I'm sure some of you are asking yourself, "Why does she have to mention that?" It's important sometimes to go back and reflect on basics. An organization can get so big and so ridden with red-tape and administrative super structures that our reason for being is lost. How many of these statements are familiar?

> "Mr. Jones, your supervisor, would like you to pick up these fifty deaf clients in addition to your other 350 clients.
>
> We want closures on at least 75% of these cases before the new fiscal year.
>
> Oh, yes, we want you to act as liaison person with the schools for the deaf in the area, too.
>
> That shouldn't be too hard.
>
> You know how to fingerspell, don't you? etc. etc. etc."

These exaggerated statements point up some old problems that are still around but I hope are much less prevalent than they were when the first National Training Session on the Rehabilitation of the Deaf was held here in 1967. Caseloads for rehabilitation specialists in the area of deafness are smaller but may not be as small and workable as we would like. We all know that large caseloads limit counselors' effectiveness and their ability to provide comprehensive services.

Reporting methods with their tie-in and emphasis on closure are still a problem, especially for the counselor working with deaf clients. A counselor who cares about his/her clients knows that they will require more time than others and a more equitable reporting system should be used to reflect the quality of this service.

More and more local rehabilitation offices are assigning full-time counselors to schools for the deaf and there is much more contact at an earlier age for career development activities. These activities are most important for the development of healthy attitudes toward work, toward a student's own feelings of adequacy, toward the effective use of time, toward authority, toward the acceptance of responsibility. These counselors usually must be and are better trained in the area of deafness and

have much better communication skills. The credibility of the program really lies in these areas just as much as it does in the area of actual job training and job placement. We are just seeing the beginnings of this movement in New York and I know that the range of services provided to deaf children throughout the country varies a great deal from region to region.

Looking at the movements afoot in the educational arena, a rehabilitation counselor assigned to hearing impaired children must exhibit a great deal of flexibility. The educational structures with which a counselor must deal will be varied; and to do an effective job in the area of mutually supportive planning with educational administrators, means and methods of working with schools will have to be developed to meet the special needs of individual programs.

Individual students could be lost in this shuffle especially as they move into a variety of secondary school placements. Joint planning must occur among public school programs, schools for the deaf and rehabilitation personnel to ensure effective programming, tracking, and follow-up of students. This planning should include evaluation procedures in the areas of educational achievement, communication ability (speech intelligibility and speechreading), psychosocial adjustment and vocational aptitude. We have a shared responsibility to meet the needs of each student and no ideological or methodological disagreement should take precedence over what is best for this student.

The critical question is not just what is happening now but what do we want to see happening in the future. Maybe in our small groups besides sharing the present reality we can go on a dream trip together and share our dreams for the education and rehabilitation of deaf persons. The collective dreams of the groups of specialists attending this Conference would give us some exciting things to do in planning for the future.

CONCLUSION

In conclusion, I would like to pose some questions that might focus our thinking as we move into our discussion groups.

(1) What are our goals for the education and rehabilitation of hearing impaired students in the next ten years?

(2) What programs or plans of action will best move us toward these goals?

--at the local level?
--at the state level?
--at the federal level?

(3) Do we make enough use of our civic communities as arenas of learning?

(4) What is our plan of action to provide better mental health services for deaf people?

(5) How are we helping our students become more flexible, adaptable, socially aware? Are they better educated, more mature, more highly motivated, more skilled, more fully accepted and realized as unique persons?

As persons in decision making roles in the arenas of education and rehabilitation, we have an awesome task. Awesome because our recommendations, our decisions about the future can and do affect so many people's lives. Rudolf Bultmann has something to say to us on this point.

HORIZONS OF HOPE

Human life is always directed toward the future.
Man can never say to the moment:
"Stand still, thou art so beautiful."
The genuine life of man is always before him;
It is always to be apprehended, to be realized.
Man is always on the way,
Each present hour is questioned and challenged
By its future.
The real essence of all that man does
And undertakes in his present
Becomes revealed only in the future
As important or vain, as fulfillment or failure.
All actions are risks.
The present is the moment of decision,
And by the decision taken
The yield of the past is gathered in
And the meaning of the future is chosen.
The meanings of past and future are enclosed
And are waiting, as it were, to be unveiled
By human decisions.

And finally, it might be well for us to ponder the words of E.E. Cummings,

To be nobody - but - myself - in a world which is
doing its best, night and day, to make you
everybody else, means to fight the hardest
battle which any human being can fight, and
never stop fighting.

Where do we stand in this fight?

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New Horizons for Deaf People

Andrew S. Adams, Commissioner
Rehabilitation Services Administration

After expressing appreciation of preliminary ceremonies and acknowledging the help and outstanding work of numerous persons in attendance, Dr. Adams spoke as follows:

I would like to cover two areas in my remarks. The first one dealing with commonalities between special education and vocational rehabilitation. The second, needs of the deaf as related to the Rehabilitation Act of 1973 as amended and some characteristics of the deaf that must be considered in this connection. Talking about commonality between special education and vocational rehabilitation, I start off by saying that we are both singing out of the same hymn book. Education, as most of you know, is focused today on individualized instruction. Making a curriculum that is tailored to the needs of individual students is the whole educational hit parade. In rehabilitation, we focus on our individualized written rehabilitation plan (IWRP). It is the same kind of thing, so we have much in common. In all the service programs, services and human resources are aimed at building individualized plans whether it be for a student in school in special education or a client in vocational rehabilitation. We have very much in common.

Many VR agencies, of course, are part of the state educational agency. Their being in the same family speaks for the tremendous overlap between the two fields. Training and education are often taken as synonomous terms. Many see training as subordinate to education, providing certain skills while education is seen in a broader context. Nevertheless, the two terms, vocational training and education are concerned with the same kinds of things.

The principles of education and rehabilitation are very much alike. Both operate on the principle of taking the student or client where he is. We individualize, evaluate the student or client, find out where they are and develop a plan so that they can move forward and progress.

Motivation is best when learning is immediate and direct. Too long in education we have tried to motivate students by saying "Memorize these words and ten years from now you may end up a great lawyer or something equally important." If I give you a bunch of books and say, "Here, read these and they will be of help when you retire twenty years from now," you will not be greatly motivated. But if you are going to retire next week, you will probably go home and read those books. We are learning the hard way that children react the same way. To motivate, the payoff must be more immediate and the same thing is true in rehabilitation. If we can make more goals for our clients not in terms of a payoff years

hence but right now, or tomorrow, the resulting sense of achievement, progress and purpose will produce real motivation.

Another common principle is that those involved in making the decision are best at carrying it out. That is simple but true. If your boss calls you and says, "I just made a decision. Now go do it," you will not be nearly so motivated as you would be if he had first said, "We have a problem. Let's make a decision together and then you carry it out." It's the same with clients, and that is why we are talking about client assistance in rehabilitation or student involvement in education. The individual has a right to participate in building his own plan because, after all, it's his own destiny. And when they play a part, the chances are best for good motivation. Otherwise instead of motivating people, you just demotivate them.

Industrial psychologists tell us that people have built-in motivation. They tell us you don't have to motivate the Washington Redskins. You don't have to motivate kids when they come to school. They are ready to go. They want to read and they want to do all kinds of things. They can't wait to get into that school, and all we do is demotivate them. I am firmly convinced that handicapped people have that motivation, too. We might think that they are depressed and down and out, but they have motivation if we don't demotivate them. Somehow we must keep the doors open so that when they are ready to go, they'll go. Many of you have experienced as I have being questioned by people saying, "How did you get there? Weren't you depressed?" My answer is simply that I did not really have a choice. I was flat on my back for six months. I was anxious to get up and that didn't take much motivation. Somebody could have strapped me down and demotivated me but I was anxious to get up and some good people left the doors open for me. I think all handicapped people are the same in this regard. It is a common principle and an important one.

Another common principle. People aren't milk. They can't be homogenized. For a long time in education, we were grouping children. We had groups called cats and mice and rabbits and ducks for reading groups. We learned that's not the answer, but only a half-way mark. We must individualize our programs because no two people are alike. This is true for the handicapped as well. Don't group them. They will not homogenize like milk. Don't group permanently handicapped people. That doesn't mean that we should not group for special attention or special programs, but there should be no permanent grouping that leads to isolation of any certain kind of handicapped group.

And so that is another principle common to education and rehabilitation. It is a day of options. In education, we used to say that we have to teach a certain body of knowledge. The poor teacher who started in September and found by June that she still had 50 pages to cover really had to struggle. That last week was tough because there were parties, dances, awards and ceremonies and that set amount of work had to be covered. Today is different. During the last three years, knowledge has doubled. In the five previous years, it doubled; and in the ten years before that, it doubled. You can't cover it any more. Besides that, if we keep competing with the computer,

we are going to lose. For us, it has to be imagination, creativity, judgement, decisions. That is how man can keep ahead of the computer. Today, covering facts and knowledge is not the answer. It is a day of options. Teachers can make choices but in the light of other principles mentioned, let's hope that the teacher combines with the student on these choices. We know that there is no certain way to education. Established principles like "all kids learn differently," "no two learn alike," "all kids progress at different rates" fit into this day of options because this approach motivates people to do the things that they can do, in which they are interested, and for which they have a need. This applies to vocational rehabilitation. Handicapped people rehabilitate through different methods. No two have the same needs. No two rehabilitate the same way. So, in a day of options, the rehab counselor, other specialists and the handicapped person become a planning team to work out what is best for the client.

Another important common principle coming out is that the important thing is growth, not how much time you have put in. In education, we still ask, "Any German?" "Yes, two years." "Any good at chemistry?" "Yeah, four years." What does this tell us? Nothing! It doesn't tell us whether you know anything or not. It only says how many hours you spent. In education, we need to talk about levels of attainment, progress. Asked if you know German, you answer, "I can speak so many words; I can converse, etc." That is what is important. In rehabilitation, it is the same story. It is not important how much time a person spends in a rehabilitation training facility, but how much progress that person has made, regardless of time. Some make it sooner, and that is all the better; others take longer and that is fine. It is not time that is important but growth.

In addition to common principles, there are other overlaps such as in personnel training. The training of teachers and of counselors and rehabilitation specialists have much more in common than do many other higher educational programs. They actually have the same courses for both and that is the way it should be. If, as we have said, basic principles are alike, then certainly we ought to have common training programs. Take the whole career education concept. Too long in education we have had a dichotomy between vocational technical education and general education. We have said that one is a preparation for a job, thinking perhaps of industrial skills or specialities as opposed to general education. Thus we provided two kinds of programs. During the last five years, the career education concept has emerged. This says that all of education, all that goes on in our schools can be focused on a job or career as a doctor, lawyer, manager, elevator operator or what have you. General education and vocational technical education are thus combined as aspects of career education. I like this concept. It gets away from the narrow concept of vocational education and interprets education more broadly. I think honestly that we are too stuck on the industrial skill, menial type of training. Too many handicapped people are still being slaughtered in broom-making. Many of them are qualified for much higher jobs. With career education rather than vocational training, we can broaden the scope. You have heard me say that there are 30,000 occupational titles in the Department of Labor manual.

Are we giving handicapped people--the deaf--a chance to train for one of the 30,000 for which they are best qualified? You will find that we are a long way from it, so we've got to broaden that avenue.

In research, too, there is a tremendous gap and overlap. Certain things we are finding out about rehabilitation of deaf individuals apply to the education of deaf individuals as well as other handicapped groups. Research activities can certainly pool their findings.

All education is special education, a concept I have had for a long time. Education usually divides into general and special. Handicapped people, including the deaf are placed in special education. That is bad. If we accept the idea of individualized education, this means a special program for every student. Then don't tell me that most students will fall into general education but the handicapped deaf fall into some sort of special education because it should be special education for all students. Handicapped people should not be any different. They should have special programs, but so should all students. I don't like the gap between general education and special education.

My last point of commonalities is a common concern for dropouts and pullouts. Education is concerned about dropouts. I think we in rehabilitation should be concerned about pullouts. I don't know how valid this comment is but I am a little worried that at age 16 we may be pulling out from the educational process.

Moving on to the needs of the deaf, we sponsored a study at New York University which pointed out that we have 1.8 million people with problems of deafness, far more than we thought. This certainly gives us a picture of needs. Last year we rehabilitated 7,500. We estimate that 500,000 need our rehabilitation services. Rehabilitating 7,500 is no small accomplishment, but if we could possibly do better without taking away from other groups, that would be our ambition. Other needs, relating to communication are, of course, obvious to all of us. It is a major problem in dealing with deafness. The need for telecommunications and for job tailoring to open up communication for deaf people are but two of many. These are major gaps and there is much that we can do today to break down these barriers.

Like all handicapped people as well as the able-bodied, the deaf need guidance services. They especially need counselors and guidance specialists in rehabilitation who can communicate with feelings and understanding of the full meaning of what lies behind the word "deaf." Another need is greater training and job opportunities so that we can open doors, as mentioned earlier, for deaf people to have a greater variety of training opportunities and, consequently, employment openings. Yet another need is mainstream adaptations of our environment so that there are no barriers to the deaf entering the mainstream. The deaf deserve and want to live like everyday citizens, being among other citizens enjoying television, music, sounds. We have the technology and the means. It may be expensive and take coordinated effort, but it's there.

Theaters for the deaf, for instance, are doing a terrific job. I was over in Russia a year and a half ago and saw the theaters for the deaf over there and they are tremendous. I was out at our training center for the deaf at Northridge, California State University and saw pantomime for the deaf by Louie Fant that was equally impressive. To make these opportunities for deaf people we need to understand some of their characteristics. There is a close match between the disabled and the deaf. First of all, the deaf don't consider themselves disabled. You know, I don't like to consider myself severely disabled although I qualify. The point is that severity is highly relative. You are only severely disabled if the environment poses a tremendous barrier. Eliminate the barrier and deaf people can enjoy and participate in the activities of our culture just as much as other handicapped or able-bodied people.

A word about the separation of the deaf and those who are hard of hearing or have speech defects. I think that there are common problems and common cures, but from my position I see signs of possible separation. Representatives of both groups say that they do not want this but nevertheless I see some separation. I urge that we do what we can to solidify the grouping again because with common problems and common cures, working together is the best answer. By collaboration, perhaps we can do something about the fact that half of the deaf population has not completed high school and 28 percent have only an eighth grade education. This certainly has implications for our partners in education.

Moving now to another area, how do the characteristics of the deaf relate to the Rehabilitation Act of 1973 as amended which puts high priority on the severely disabled? First of all, the deaf don't consider themselves disabled. And if they do, it is because of the existence of some barriers. Eliminate the barriers and they would not be disabled. There are some conflicts here in adjustment. We observe this in the aged deaf. They get tired of letting you know that they are not hearing. They do not want to admit that they are not hearing. In other words, they do not want to admit that they are severely disabled and that age is catching up. Now that's the problem when it comes to implementing our act and this is why I want to point out that characteristic.

Another characteristic of the deaf is the invisibility of the disability. It is different from my wheel chair. So this becomes a challenge to the deaf person. Do they want to keep it invisible or do they want to let it out? Many do not want to let it out and I do not blame them. But this may create a problem for the people who are responding to the needs of the deaf such as employers or others. With no wheel chair, crutch or cane to alert them to the presence of a handicap, they remain unaware. This can be a problem.

Consider the cooperative attitude of the deaf. Rather than being highly aggressive, I find in my relationships that they are fairly cooperative. This can be a plus but it may be a bit of a handicap in getting the job done. I don't know, but it is a characteristic to be considered. Another tendency is isolation or wanting to work in their own groups. This

is common to all handicapped people and can be dangerous if exaggerated. There is power in working together but weakness in isolation. It is something to think about, and again we want good balance, don't we?

Having worked with the deaf very closely for the last two years, I feel that I can really rap with them. There is a real community of feeling and no sense of strain in communication that I hear others have. Out of these contacts I have a feeling for the excellent sense of humor of the deaf. It is very keen and I find it a thrill to be a part of it even if it is sometimes at my expense.

In this conference you have heard references to a number of things we are doing for the deaf in the rehabilitation administration, but may I run through them. We have an advisory committee that has been meeting quarterly for more than a year. From the exchange provided in these meetings I am learning a lot and my staff is too. I greatly appreciate the people who have been meeting with us. Members of that group present here include Fred Schreiber, Albert Pimintel and Mary Ann Locke and possibly others.

The Model State Plan is something providing manpower, resources, state coordinators for the deaf, facilities, inter-agency cooperation, and consumer involvement and are all geared to providing better services for the deaf. Ben Barker, doing a tremendous job in Delaware, is here and has met with our advisory committee. They are really moving ahead on implementation of the State Plan and it is important to us.

Visual screening is virtually an outcome of our advisory committee meetings and strong regulations have been issued to put teeth into the requirements for visual screening of deaf persons who are being evaluated. After all, vision is important to all of us, but when there are hearing problems, it is ultra important. We are pushing this screening.

As you know, on the advice of the advisory committee, I have elevated the office of Deafness and Communicative Disorders to the Office of the Commissioner. Now I can talk directly with Boyce Williams and Edna Addler without going through channels. The importance of this is not merely that we work more closely but that they are in a more strategic position to interact with all basic support elements of RSA to make sure that those projects and activities for the deaf get full consideration.

You know of the appointment of a convener. Dale Williamson of San Francisco suffered the tragedy of serious hearing loss and now represents all of my regional directors in the field of deafness. Each regional staff has a member designated to represent the deaf. No longer is there any question about who is responsible for dealing with the problems of deafness. We've named somebody. In this, the advisory committee was a big help.

We are supporting a sign language class in RSA. We hope that it may be a model for other agencies. Everyone is excited about it, not only for its importance in communicating with the deaf but as a personal achievement. It is motivating and exciting and I hope others follow this lead.

Last August we helped sponsor the International Deaf Conference with leaders from throughout the world. It was an exciting conference. We are also continuing our training activities for the deaf with an increase from two percent to seven percent for direct training activities. We have supported four special projects for the underachieving deaf in Seattle, Indianapolis, Columbia, South Carolina, and Los Angeles. We hope to increase this to ten. This is a complex problem we are dealing with but we feel that we are getting real results.

I certainly appreciate the work of the Research and Training Center in New York University and want to say that we will keep looking hard at research activities as they relate to deafness.

I mentioned the blind-deaf center in New York which I visited less than a year ago. Paul Adams is doing a tremendous job. They are in operation, although not all facilities are in place. In a beautiful location, they will eventually have all the latest technology for the blind-deaf. They will serve as nucleus for satellite activities for the blind-deaf.

You don't know what a thrill it is to see these people, who have scarcely communicated with the outside world, have their world open up through the teaching going on there. I spent a half hour with a blind-deaf girl in a beautiful conversation by my writing in her palm and her responding in kind. It was a beautiful experience.

I am pleased to see that the telephone teletype systems are being developed for the deaf, although not fast enough. Hospitals and police are using them. It's the answer, just like a ramp for a wheel chair, giving a tremendous feeling as barriers break down. And that is what we need in telecommunications, to overcome the number one problem in jobs and employment. If not number one, it is certainly a top priority.

The White House Conference on the Handicapped next May will include four deaf people on the advisory committee--Victor Galloway, Al Pimintel, Van Smith, and Barbara Saxe. That is a good sign to have four deaf people so strategically placed.

Lastly, I would mention among numerous accomplishments the support of this conference, not for any recognition, but as a demonstration of the importance we are attaching to programs for deafness. So, as a team of education and rehabilitation, we have, I think, an unbeatable combination which is the mission of this conference.

Before running out of time may we recall the R.S.A. services Forward Plan? This is a five-year plan and I mention it briefly to show you that we are on target in meeting the needs of the deaf. As stated in our basic goals, our primary job is to support the state programs for rehabilitation in providing quality services to handicapped people, including the deaf. Our mission is the full support of state programs of quality rehabilitation leading to the best possible jobs for the

handicapped. We exist to support the states. We are really partners. This involves not only serving those who knock on our doors but actual recruitment of those needing our services.

During the next five years we must emphasize evaluation and individualized planning as our first objective. The second is full restoration and support services for all, including the deaf. This includes training to open up as many of those 30,000 job categories as possible. In some of our special projects we are finding that the deaf may have a high incidence of attitudinal, emotional and adjustment problems. I am sure it isn't their fault but rather a problem of the environment not jibing with their makeup. Still it is a problem at which we all must work. This is a part of the restoration service we must provide so that the deaf will have minimal emotional and social adjustment problems. Otherwise they will have a job handicap, and that is tough enough without having other problems.

The third objective is to really broaden job opportunities. Let's make sure that these are not limited to a single agency in the Federal Government. How do we do this? And then, after they are in those jobs and want a promotion how do we prevent the employer from being "all shook up"? Why shouldn't they want a promotion like anybody else? How do we meet this problem? I think our answer is primarily that we try to strengthen all aspects of the State Plans.

I close by reviewing some of the things in which education and rehabilitation are increasingly working together. In education we include: the school for the deaf, career education programs, special education programs, implementation of the new act for handicapped children, books and special libraries, vocational technical programs in secondary schools and colleges. These are some of the things that we are beginning to tap in on as we should. The more sharing the better because vocational rehabilitation can make important contributions with various support services--medical, social, maintenance equipment and others. We are in a lot of matching activities so that we can become real team members. So let's hope to see the day when that beautiful vocational technical school is not shut down every day at three as well as weekends and summer vacations. In those down times perhaps it can serve as a sheltered workshop manned by dedicated volunteers and kept going with scrap materials. Let's hope we can mesh and combine.

The country has billions in education money and facilities to make our rehabilitation facilities look ill. I don't think education wants to see that. Last year I met with Ted Bell, Commissioner of Education, and we organized a task force to coordinate some of these things at our level. I know you are working at the same things at your level. You are moving ahead. We surely appreciate your presence and your response to this project. I hope it isn't ten years before we are all back together again. Thanks to Don and Marshall for your fine work and thanks for the honor I received in becoming a chili pepper.

Thank you all and best wishes.

The Current Scene as Viewed by Vocational Rehabilitation

August Gehrke, Assistant Commissioner
Vocational Rehabilitation
St. Paul, Minnesota

Firstly, let me say how happy I am to be here with you at "Las Cruces, Revisited." Many of us were here eight years ago - nice then - nice to be back.

At that time, it was my pleasure to be the official summarizer for the first Las Cruces conference. One of the main recommendations I made at that time was that our meeting here then should be followed up by regional and state meetings, which would carry forward and expand on the work we had done here.

I am delighted that many such regional and state meetings have been held over the years, and I am certain they have contributed much to improved programs and services for deaf and hearing-impaired people.

That first conference was jointly funded by the U. S. Office of Education and the Rehabilitation Services Administration. I am delighted that they are once again jointly funding this national training meeting. It's an example of superb cooperation between two major governmental agencies, in behalf of a worthy and important cause. My congratulations to them both.

Finally, before I get to my main remarks, let me call your attention to one other important development of recent years.

A special task force of the National Rehabilitation Association (NRA), assisted by a committee of the Council of State Administrators of Vocational Rehabilitation, has developed a model state plan for the provision of vocational rehabilitation services to the deaf and hearing-impaired. Mr. Jack Hutchinson headed the NRA task force, and Mr. Jerome D. Schein was the editor for the Model State Plan.

The model plan is, in my opinion, an extremely important and informative document which should be studied, considered and implemented by everyone involved in vocational rehabilitation for the deaf, or those programs--special education and others--which work so closely with vocational rehabilitation in providing a total spectrum of services to deaf people.

I will be referring to certain recommendations in this model plan in the course of my remarks today. But I urge you to go beyond what I may say--to get the plan, if you have not already done so, and read and study it in its entirety. Then develop and implement your own effective, innovative plan of services for the deaf and hearing-impaired.

My assigned topic today is "The Current Scene as Viewed by Vocational Rehabilitation." Within that broad topic, I have been asked to consider such matters as the need for adequately trained personnel to work with the deaf; the effects of so-called "mainstreaming" on vocational rehabilitation; how "career education" fits into the picture; and the general question of whether rehabilitation and education personnel are working well enough together.

That's a large order, and, in fact, too large for the time I have, at least to deal with in detail.

So, I'm going to concentrate on certain points about which I happen to feel most strongly. Perhaps we can take up points I don't treat fully now in the discussion session.

I start out by telling you that I am one of those people who believe deafness or severe hearing loss to be a "unique" disability--unique in the sense that it is a barrier to general communication, and if you can't communicate it poses problems. I believe that of all disabilities, this poses the most problems, both for the disabled person, and for people trying to help that person.

There are many who might challenge this view, by saying that blindness, for example, is really the most "catastrophic" of disabilities. I certainly do not want to downgrade the enormous difficulties of blindness. I just say that, in my opinion, deafness brings even more.

The point is not to get into some kind of "what's the worst disability" guessing contest. The point is to stress that deafness is a disability which requires special programming and specially trained, full-time helping staff. I mean people who are trained to work with, and do work with, the deaf and seriously hearing impaired. Yes, there are misconceived notions of disability--for instance--two people riding on a bus--one taps the person next to him and says, "I am deaf. When you speak, look at me so I can read your lips." The other man says, "Gosh, you don't look deaf."

I referred briefly before to the Model State Plan for Rehabilitation of the Deaf. I want now to talk about some specific recommendations in it.

The plan says that every state rehabilitation agency should have a full-time administrative staff person who is concerned solely with programming and services for the deaf. I agree completely.

In the Minnesota Rehabilitation Agency, which I have the honor to head, we have had a person of this kind for many, many years. We would not think of changing that. The position is at the true management level--you can call him a consultant, or specialist, or whatever--but he does have management authority, and management responsibility, for programming for the deaf.

The question arises what if we're dealing with a very small state--one with a small general population, and hence a very small deaf population. Should the rehabilitation agency in that state have a full-time administrator for deaf programming?

My answer would be "yes." The smallness of the population he would serve is not the issue. It's the difficulty the disability poses, in terms of programming and services, that's the issue. It simply takes somebody who has special training, and can devote full time, to get the job done.

The Model State Plan also recommends that state rehabilitation agencies have at least one specially trained rehabilitation counselor for the deaf for every 500,000 in general population. Again, I agree. Depending on how the deaf population is dispersed in that general population, one special counselor might not be enough. But one counselor is certainly the minimun that would be needed.

The Model Plan puts great stress on providing deaf people themselves with an opportunity to help shape the rehabilitation programs serving them. This would be through membership in state advisory councils, etc.

Again, I agree. In Minnesota--again to cite the state I know most about--we have an official council for the handicapped, which is a state agency charged with advising the executive branch, as well as the state legislature, on service programs for the handicapped. A deaf person is a member of this commission. Interpreter services are paid for by the council.

Additionally, the Minnesota Division of Vocational Rehabilitation itself has a consumer advisory committee, two members of which are deaf.

The exact mechanism used to give the deaf input into rehabilitation programming is not important. But the opportunity for the deaf to make their needs known is important. And they should be able to make their input "at the top"--not at some lower echelon level, where their message might or might not get through.

The Model Plan speaks of the need for each state to have a coordinating and referral center--which would help people with hearing problems find the services they need; and would also serve to collect disability data on persons with deafness or severe hearing loss.

This is one I have some problems with.

It is not that I don't think deaf people should be referred to needed services, or that it wouldn't be good to know the extent of the deafness problem in each of our states. The problem, firstly, concerns the disability data collection part of the operation.

Specifically, would we get full and accurate data on deafness in our states, and what might happen if we didn't, but people thought we did?

Presumably, doctors, public health nurses, teachers and others would be asked to notify the coordinating and referral center every time they came across somebody with a severe hearing problem. That person could then be directed to contact the center to find out about available services, or the center could contact him.

But suppose only half of the doctors, nurses, teachers, etc. cited above really followed through, and the person wasn't told about the center, nor the center told about him. Obviously, some people who could benefit from the center's services wouldn't get them. But something else could happen too.

The center would announce, on the basis of reports to it, that there were say, 2,000 people in a state with substantial hearing problems who needed help.

The truth would be that there were 4,000--half of whom had never been reported to the center.

Now, what happens when a state legislature, or the Federal Government, or even the United Way gets hold of that 2,000 figure?

The answer is that (1) they would be apt to believe there are only 2,000 needing help, and (2) you only need to appropriate money to serve 2,000. It could take years before you got that misapprehension straightened out, and the funding back to where it should be.

There also are potential problems with respect to coordinating and referral centers in the area of confidentiality of certain information the centers might receive, and how that confidentiality could be maintained.

I don't mean to say by this that there should not be coordinating and referral centers--there are certain obvious advantages to them. But I do say there are prospective problems with them which have to be taken into account.

With particular respect to disability data disseminated by such centers, we have to be certain that the public in general, and legislative bodies in particular, understand that the data is only "preliminary and partial"--and that we keep hammering that idea home until such time as we can be reasonably sure that the reporting system has been set up well enough, and is being complied with well enough, to give us complete, or nearly complete data.

I want to turn now to the subject of "mainstreaming," as it applies to the situation of hearing-impaired school children.

"Mainstreaming," in general, is the concept that a handicapped child--in this case a hearing-handicapped child--would benefit most from being placed in a regular "mainstream" classroom rather than in some special school or learning project or center.

If we are talking about a slightly hearing-impaired youth--someone who needs little more than a hearing aid, for example, there is no problem. Most slightly hearing-impaired children already are in "mainstream" classrooms.

But if we are talking about a deaf child, or a child with severe hearing loss short of deafness, then we have a different story. Then we have many more serious issues and concerns.

I see no reason not to be blunt about this. "Mainstreaming"--in the traditional model--is a disaster for any severely hearing-handicapped child. It would set him or her adrift in a classroom situation where the child could not possibly follow what was going on around him, relate either to the teacher or his fellow students, or learn much of anything. Severe psychological damage could be done the child, as well as blocking the child's educational possibilities.

State residential schools for the deaf have been established in this country, and, in more recent years, special regional learning centers for the deaf have been established, precisely because it takes a special learning program, with special attention to the deaf child, provided by specially trained staff to get the teaching and learning job done. "Mainstreaming" would be totally incapable of doing the job. Furthermore, the benefit of having a peer group to whom the child can relate is vital to normal development.

I would like us to consider the Holcomb Plan of "mainstreaming," a total communications model where the deaf learn and the hearing learn. Above all, and in any event, the individual needs and wishes of each child or person must be the determinant and not the wishes of pros and/or parents.

People might say, "Look, aren't you contradicting the premises of vocational rehabilitation itself? Which is the program you represent. Isn't the goal of vocational rehabilitation to move handicapped people into the regular 'world of work'--what we might even call the 'mainstream world of work'?"

The answer is "yes." The goal is to move as many handicapped people as possible into the regular, or "mainstream" world of work. But before that happens, there always is, and always has to be, an often lengthy period of training and preparation which is not mainstream, but special.

All severely handicapped people--not just the deaf, but all severely handicapped--must have a period of special preparation before they can tackle the "mainstream world." That is why Vocational Rehabilitation has developed specialized rehabilitation facilities and sheltered workshops; why it has developed cooperative programs with special education departments in the schools; why it develops specially structured and supervised on-the-job training programs in certain instances; etc.

It's all part of a step-by-step, carefully monitored and supervised process which looks to bring a severely handicapped person, over a period of time, to the point where he hopefully can enter the mainstream world. But the special preparation is essential.

Much of Vocational Rehabilitation's time is spent on vocational evaluation, pre-vocational skills, and work-adjustment activities. Not enough attention is given to this in the educational program, and I don't see mainstreaming as answering that need. Vocational Rehabilitation and some schools for the deaf have developed cooperative programs which answer some of the needs, but these are the exception rather than the rule. Mainstreaming has been discussed mostly in the academic area, not in the vocational sphere, and I'm afraid that deaf students who are not academically oriented will suffer the most. Perhaps an emphasis on career education can answer some of these questions, but I don't think it's going to happen soon enough.

We would never place any of our severely handicapped clients into a "mainstream situation" right from the start. If we did, they could never succeed.

So again, let me repeat. "Mainstreaming" is not the answer, at this early point in their lives, for severely hearing-impaired children. Special attention, special instruction, and special learning centers and situations are the answer.

I'd like to talk now briefly about another new educational development or movement--that of "career education."

If I understand "career education" correctly--and I may not--it has two principal elements.

Firstly, career education sets up a high school curriculum which places a great deal more emphasis on the acquisition of vocational information generally, than most high school curricula have done in the past and on vocational planning.

Secondly, career education seeks to give young people job-seeking skills, and job-evaluation skills--give them techniques that will help them choose and get jobs in the first place; and then help them to evaluate where they are vocationally as time goes on, and to make job changes at some point if that becomes either necessary or desirable.

Assuming I am generally correct in these assumptions about career education, I can see no problems at all between vocational rehabilitation and career education. Helping people acquire job-seeking and job-evaluation skills has been a major part of Vocational Rehabilitation from its very beginnings. Career education now appears to be emphasizing many of the things Vocational Rehabilitation has always emphasized.

Indeed, it seems to me that we may have learned things in Vocational Rehabilitation that could be of benefit to career education teachers,

and that they, in turn, may be finding out things that could be of benefit to us.

Because we in Vocational Rehabilitation deal with handicapped people, and career education may deal primarily with the non-handicapped, the insights that each of us gains may not be completely applicable to the other's problems. But at least some of which we each learn possibly could benefit the other.

It therefore seems to me that an on-going dialogue between Vocational Rehabilitation counselors and career education teachers could be a very good and mutually beneficial thing. If this isn't being done already, I hope it will be done.

Vocational Rehabilitation is considered a "terminal" program, education is not. We have long considered handicapped people to finish their education, then move on to VR. We must think of rehabilitation and education together--both as continuing activities and both mutually supportive. Deaf children become deaf adults, but rehab and education are involved with both. Perhaps we should refer to deaf individuals, and remind ourselves that both rehab and education are concerned with deaf individuals at all stages of their lives.

There are a great many other things that we could talk about, and that I would like to talk about, but time is going by, so I will close now with a few short points.

*The Rehabilitation Services Administration should have at least one full-time person in each regional office to work as an advocate for programs for the deaf.

*Federal vocational rehabilitation legislation should specifically earmark, or set aside, certain amounts of money for states to use in programming for the deaf. The individual states could use this money for whatever project for the deaf they most need--the choice should be theirs. But the money should be specifically set aside for states to use for innovative and effective programming.

*I would like to see the high schools in this country offer courses in sign language in the same way they offer courses in "other" foreign languages--Spanish, French, German, whatever. I think many young people would be intrigued by, and interested in taking such courses. And, of course, it would help increase our interpreter base.

*Several times during this speech I have referred to the Model for a State Plan for the Vocational Rehabilitation of Deaf Clients. This document has given Rehabilitation a basic guide by which agencies can measure and compare their services to deaf clients. I call here for the education community to develop a model plan for educating deaf students from cradle to grave, and to include all forms and possible ways of educating deaf persons. This would help educators measure the programs that now purport to serve deaf people.

*Finally, I would urge that deaf people everywhere unite and become more militant. I am for the consumer movement among the handicapped. In the Vocational Rehabilitation program, for example, we have already benefited because the handicapped people we serve have come out of their shell, so to speak, and increasingly are making their feelings and needs known. It's a good start, but we need more of it.

So I say to you, "Get involved. Stay involved. Speak your mind." You may not get everything you want immediately, but you will continue to make gains, to make things better, provided you stay involved and keep fighting the good fight.

I hope I have been provocative and that it has stimulated your interest and your thinking. Sometimes I wonder how I let myself in for this. Perhaps it is best illustrated by the story as told about Uncle Bob at our country store. We used to like to sit and watch him because as he rang up a sale he would quote from Scripture. First some children came in and bought some candy, so Uncle Bob said, "Let the little children come unto me." Than a man walked in and bought some bread and as he rang it up on the cash register, he said, "Man cannot live by bread alone." Then a stranger wearing a cowboy hat walked in and asked for a riding blanket. Uncle Bob reached back and pulled down a blanket. The stranger asked the price and Uncle Bob said $20. The stranger inquired if he didn't have any of better quality. Of course Uncle Bob didn't but he reached back and pulled down another and the stranger inquired how much. Uncle Bob said, "$40." Again the stranger inquired, "Nothing better?" Uncle Bob rolled his eyes, pulled down another blanket of the same quality but of a different color and said, "$75." The stranger said, "Fine, wrap it up," and Uncle Bob did. We wondered Uncle Bob still quote from Scripture as he rang up the cash register. Uncle Bob paced the floor, money in hand for quite some time and finally he rang it up on the cash register and quoted from Scripture, "He was a stranger and I took him in."

Thank you very much.

Charge to the States

Francis J. Cattas, Program Specialist,
Deaf and Hard of Hearing
Vocational Rehabilitation
Columbus, Ohio

I never thought nine years ago, when I took part in the Las Cruces meeting, that there would be another one, nor did I think that I would play such a visible role in such a prestigious meeting. I personally feel complimented about that and I'm sure my agency feels very well about the fact that we have been recognized by this conference committee for our follow-up meetings, bringing its flavor to grass roots people in our state. I'm sure that other states have also done something, one way or the other. Perhaps some did not, but I want to say that for us, our experiences have been enriching and rewarding. Through our area meetings within the State of Ohio, well over 500 Ohioans shared in the '67 conference.

There is a lack of information about deafness reaching the local community. The education of deaf children and the vocational training of young deaf people takes place in a vacuum. We supposedly prepare people to take their rightful place in the community; however, because of lack of information and an abundance of ignorance, the community is not prepared to accept the deaf individual. Therefore, we educate and train deaf people to take their place in the community which is hostile and resistive toward them. It doesn't make sense and it never will. Perhaps some RSA dollars should be earmarked for community education and training.

Anyway, we used the '67 conference as the vehicle to sensitize communities about the handicapping aspects of deafness, and all that goes with it. We got people consumers, parents, lay people, professionals--talking to each other at a very local level. These area conferences paid off for us. By sharing information we sensitized communities and we lessened resistance toward program development, we developed relationships with local agencies that we never had before; in essence, we broadened our base.

Today in Ohio, as a spin-off of these meetings, we have developed part-time productive relationships with state and local agencies, and a network of services to deaf people that may or may not exist in other states. At present we have developed:

a. Three work-oriented diagnostic evaluation and adjustment facilities, one of which is for multiple handicapped deaf.

b. Five community-based counseling and coordinating centers for deaf people.

c. One two-year associate degree program in technical areas for deaf people.

d. A state mental health unit for deaf, for counselors, and advocators implementing a model plan. We also have a strong RID State Chapter.

e. A very strong and extremely active chapter of PRWAD that has done a lot in terms of advocacy and in bringing closer together the Rehabilitation Services Commission, State Division of Special Education, the State Association of the Deaf and Parents of Deaf Children.

The state chapter of PRWAD in the last three years, with the support of RSC and the Division of Special Education sponsored the state tripod conference on mental health for the deaf, another on deaf education. The state chapter also sponsored the Region V conference on the Model Plan.

Last month OCPRWAD, again in cooperation with state agencies and the parents of deaf and blind children, sponsored a workshop on the deaf-blind. Over 300 people participated in the meeting. We have other irons in the fire related to program development, which for the sake of brevity, I'll not talk about.

Like other states, we have our problems, but they may be lessened because of the groundwork laid. We've been relatively successful in many areas of deafness simply because of the strong support of the state agency. It's extremely important! Without this support, progress can be very difficult. In addition, there's nothing comparable to the support received from the Regional Office, the Office of Deafness, and the Deafness Research and Training Center. All of these really extended themselves to help us.

Our area follow-up meetings on the first Las Cruces conference were done at minimum cost. We used all the resources we could within the state. We found people willing to donate their time, handle registrations, provide interpreter services, etc. Universities, speech and hearing centers, and other agencies helped us in mailing, printing, providing space and promotion of these conferences. Nationally-known experts were always helpful in the area of deafness (from federal projects), as well as the Office of Deafness. These kinds of resources are also available in your state.

I don't know what you will do with this meeting upon your return to your homes; but I do know that you here are the ones that make things happen in your own state. Many of you, I am sure, will decide on some course of positive action. Others unfortunately may get tied down with other responsibilities or be subject to other pressures and, therefore, for them, it will end here. It will also end for deaf people, but that's a fact of life. You're the best in your state, if there was anyone better in your state to take this meeting back home and run with it, they'd be here instead of you.

Conference Summary

Ben W. Barker, Director
Vocational Rehabilitation Services
Wilmington, Delaware

Craig Mills, in his assessment of our situation at our opening session, listed many, many milestones that have been reached in the last nine years and finished up his summary by saying that although the accomplishments were worthy, he still felt somewhat discouraged. What will we feel in 1985? I must believe that with the "worthy accomplishments" there will be an increase in the momentum. Each accomplishment represents a "new awareness" for some people.

Mr. Gehrke, our stimulating speaker this morning, summed up the conference nine years ago. One of his remarks was, "As I moved to one group after another, I could not help but feel that one of the greatest problems of all seemed to be in the area of communication." That problem is still with us. For example, at this conference I have heard "mainstreaming" both praised and condemned. There is no common frame of reference and/or definition for what "mainstreaming" is or can be. It is a situational phenomenon and cannot be generalized. I have learned, too, at this conference that while no formal treaty has been signed, the "100 years war" among education is about over. I do hope another does not begin in "mainstreaming." It seems to me that with the increasing utilization of all known techniques in communication with the deaf, especially with the very young, that we will drastically reduce in future generations the numbers of "under achievers" in the case loads of Vocational Rehabilitation agencies.

It is an acknowledged fact that no one discipline, organization, or movement has a franchise on providing helping-services to the deaf population. Further, I am not sure that it is clearly and completely recognized that there is an interdependency between parent groups, educators, medicine and psychology, rehabilitation agencies, both public and private. Their interdependency must be recognized if the deaf individual by virtue of his citizenship is to get the opportunities that are rightfully his. He does not have a white cane, a set of wheels, braces or crutches to sound the clarion that he needs help. I do not mean to imply that all wheelers or blind persons require or want assistance in order to acquire the "good life" but I do mean to imply that some, few, or many of the faceless strangers that you see daily on a busy street can be a deaf person whose individual and specific needs are not known to you or the general public.

I am saddened to report that some Vocational Rehabilitation agencies do not differentiate between the deaf and other disability groups that they serve. It is not for me to describe the uniqueness of the deaf client today, because you are all well aware of it. Rather, I should like

to discuss some aspects of the Model State Plan. Implementation of this is clearly a V.R. responsibility. Mrs. Holcomb, in her presentation yesterday, mentioned the organization CODE, Council on Deaf Equality, in Delaware. I would like to share with you some of the ground that has been covered in arriving at CODE.

Dr. Boyce Williams and Mr. Lee Wolfe, a program speaker of the Region III Office of Rehabilitation Services, by coincidence or accident met me in our Delaware office about three years ago and discussed the deaf with me. Although I have been in rehabilitation over a quarter of a century and had worked with deaf clients in a general case load as a counselor, I did not have a full appreciation of the problems faced by especially the prelingual deaf. This was a few months before the publication of the Model State Plan.

Using F&E funds, a state coordinator's position was established and a strategy was devised. One immediate goal was to establish some credibility with the deaf community as an interested agency. Small contracts were developed to do such things as providing total communication classes in each of Delaware's three counties; a training class for interpreters--we had only one in the state at the time. We acquired some TTY's for clients, our offices and municipal and police stations. Concurrently, we had formed an advisory council that had consumers, professionals from education, medicine, and audiology. Final decision on the contracts was made by the council. Other contracts were let: a referral and information center which did not work out, for driver education training for our deaf clients in the State School, for more TTY's. We became completely involved with the State School. Our counselor, having an office there, is considered a part of the staff. With these tangible and concrete indicators of our interest in the deaf, the deaf community became interested in us. The function of the state coordinator was to act as a catalyst in bringing together people and agencies who should be, in our opinion, interested in the deaf. A film strip pictorially describing work of some non-under achievers was developed to use with personnel offices.

Thanks to this type of activity, some civic clubs in this instance are buying TTY's for their village police stations.

The advisory council can be a tremendous help if guidelines for its function and responsibility can be written and adhered to. In September of last year, a most meaningful meeting was held involving six states in Region III. Much of the leadership for that conference is in this room. Key agency people from a myriad of state agencies were invited. Seventeen came from Delaware, from Welfare, Public and Dental Health, the Audiology Department, the State School for the Deaf, and many others, including the Governor's assistant for Human Resources. These people learned what deafness is. In the final hours of the conference, each state met and planned future meetings. We have met monthly and no interest has been lost. The group that was first known as the Virginia Beach Gang adopted CODE as its name (Council on Deaf Equality). This

may sound somewhat militant, but we are not, although if the need arises we could become so. Members of CODE looked at their respective agencies and felt that without intent they were being unjust to deaf people. Whether they provided public assistance or therapy in mental health clinics, there was no one in their agencies that could communicate with deaf people.

CODE - planned and carried through a conference that had 80 participants mostly from state agencies to learn about the deaf. The Governor encouraged participation by memorandum; my boss, the Secretary of Labor, discussed it at a cabinet meeting. We believe that we are on the road with CODE. Mental health directors request adult programs for the deaf.

The most important component in the State Plan is the linkages that must be made by V.R. with public and private agencies and other resources--V.R. programs here are now involved in or are reading about something that in our organization is called "Similar Benefits." This in effect states every effort will be made to secure from any resource other than the meager V.R. case service funds. In addition to the cost factors, there are also needs of deaf persons that cannot be met by V.R.

To make the Plan go after the administrative commitment is made, is to turn the state coordinator loose with all of the moral support that the directive can give him. The costs are minimal, our staff serving the deaf has been increased only by a counselor assistant who functions as an interpreter mostly in a placement location to get the client and his boss on the same wavelength. This position has allowed the counselor to do much more in providing services to the deaf than we thought possible.

It has been suggested that a categorical allotment be made for enabling states to develop comprehensive programs for the deaf. This may be the way to go, but I would prefer to use increased F&E funding for this purpose rather than make explanations to the Mental Health Association or to other associations involved with a single disability. V.R. agencies can and should spend funds in a disproportionate manner favorable to the deaf. Quickly, I would like to suggest that some assessment be made of the Status of Knowledge concerning communication. There must be a better way for deaf persons of average intelligence to absorb verbal skills. The lack of skill in reading and writing keeps him an under-achiever.

Another, in my state vocational education is becoming very interested in providing trade training to the handicapped including the deaf. A cooperative linkage among a vocational high school, a state school for the deaf, and V.R. is anticipated.

Another, when the V.R. director gets his model state plan moving, consider enlarging it to a comprehensive state plan that will encompass welfare, mental health, education, etc.

Another, I hear that a super chief or coordinator of services to handicapped is being instituted in some states because there is little or no coordination among agencies serving the handicapped. I am so scared of that, that we are daily reviewing our cooperative agreements with other agencies.

Another, a recommendation has been made that the Office of Education finance a parent orientation program. We believe that a state can also do this if it develops a group like Delaware Council of Deaf Equality.

To V.R. directors:

1. If you don't have a state coordinator, get one.

2. It really is not that expensive.

Report From the Discussants

Prepared By

William E. Castle
Kenneth R. Mangan
Norman Tully
Howard M. Quigley

Coordinating Recorders

INTRODUCTION

The deliberations of the meeting would not be fully described without a distillation of the discussions that occurred during the meeting of post-plenary discussion groups and the specially scheduled meetings for persons from the same region (i.e., the ten federally-prescribed regions of our nation). Final responsibility for recording these discussions rested with the four persons who author this section of the report. As co-authors, they based their summary on the notes provided by the twenty specified recorders for the training session. Names of the individuals appear in the frontispiece of this report.

The discussions, as recorded, appear to focus on seven topics, five of which have to do with matters related very directly to the deaf population and two of which are more globally related to the objectives of the training session itself. The five matters specifically related to the deaf population are: (1) mainstreaming of the deaf, (2) career development of the deaf, (3) programs for the multi-handicapped deaf, (4) education of the parents of deaf persons, and (5) mental health services for the deaf. The two matters that are more global but relating to the objectives of the training session are: (1) the need for training, and (2) the need for improved state planning.

SPECIFIC MATTERS REGARDING THE DEAF

Mainstreaming. Discussions about mainstreaming of the deaf suggested that the concept is ill-defined. Corollary suggestions include the following: (1) that "learnstreaming" as proposed by Mrs. Holcomb as a substitute word for the concept is not acceptable; (2) that if mainstreaming is conceived as "all encompassing" for the education of the deaf, such a conception would be harmful and inadequate (i.e., it need not exclude use of residential schools for the deaf); (3) that mainstreaming would be an unreal concept if it is restricted to the classroom (i.e., it must be thought of as a life process, not just an educational process); (4) that the guidelines about mainstreaming by the Conference of Executives of American Schools for the Deaf are limiting; (5) that the mandates about mainstreaming emanating from the

Council on Exceptional Children do not give sufficient emphasis to the uniqueness of deafness; and (6) that a national task force should be set up to bring better definition to the concept.

The discussions also suggested that the public schools are currently ill-prepared to accommodate mainstreaming of the deaf. Corollary suggestions included the following: (1) that there is a need for training specialists to deal with the deaf in public schools; (2) that all classroom teachers must have training in special education; (3) that the total manpower resource must include deaf adults as models; (4) that all supervisors of mainstreaming programs must be trained in how to communicate with the deaf; (5) that one key limitation to mainstreaming is the fiscal limitation, and it can only be overcome by instituting mainstreaming programs on a regional rather than a local basis, and this would require block grants from the federal government.

Career development. Discussions about career development for the deaf were brief, but they suggested: (1) that there are few programs of career development now in existence; (2) that those that do exist are not very good; (3) that each state school establish such a program; and (4) that all schools should foster work programs for their students.

The multi-handicapped. With respect to the multi-handicapped deaf, the discussions suggested: (1) that better systems of early detection are needed; and (2) that better delivery systems are needed which would include (a) smaller teacher/student ratios; (b) special training programs for teachers of the multi-handicapped deaf; (c) less stress on academic subjects and more on vocational; (d) more individualized programming; (e) more facilities such as those at the School for the Deaf in Riverside, California; and (f) a better definition of the respective roles of departments of Vocational Rehabilitation and departments of Education.

Parent education. Regarding parent education, the discussions suggested needs for: (1) state registries of information for parents; (2) more intensive counseling for parents of post-elementary deaf children; (3) exposure of parents to deaf professionals; (4) concentrative programs for parents by state vocational rehabilitation agencies; and (5) an emphasis on training parents to communicate with their deaf children.

Mental health services. To enhance services in mental health, the following recommendations were made: (1) research should be done on the need for school counselors and school psychologists; and (2) a program of federal fellowships should be set up for training mental health specialists, including paraprofessionals.

GLOBAL MATTERS REGARDING THE OBJECTIVES OF TRAINING SESSION

Training. It was suggested that extension of this national training session should include: (1) local meetings of a similar nature; (2)

total immersion workshops for parents, teachers, and others; and (3) long-term training programs co-sponsored by the Bureau of the Education of the Handicapped and the Rehabilitative Services Administration, including the sponsoring of more masters degree programs in education and rehabilitation of the deaf.

State plans. It was generally felt that existing state plans for the education and rehabilitation of the deaf need to be updated and upgraded. In each a considerable point should be made about the importance of collaboration among state agencies for education, rehabilitation, and public health. Finally, as a follow-up to each, a point should be made of informing all congressmen from the state in order to marshall fiscal and manpower support.

SURVEY OF PRIORITIES FOR THE DEAF

The National Training Session on the Rehabilitation of the Deaf was conducted April 20-22, 1976, in Las Cruces, New Mexico. The conference was attended by 325 persons serving the deaf in all the states and trust territories. As a follow-up to the conference, a questionnaire was mailed to each participant. The questionnaire was designed to identify priority issues for action for the deaf.

Purpose

The purpose of this section of the final report is to convey the findings of the questionnaire. The issues of highest priority in each of four major categories are identified, and the six items deemed of greatest importance by the conference attendees, after overall results were analyzed, are also given.

The Questionnaire

A portion of the conference was reserved for discussion groups to identify current problems, issues, and recommendations for the profession to study during the coming years. Over one hundred recommendations were obtained from the twenty groups of participants. An independent researcher and the coordinating recorders of the conference examined the items for clarity, redundancy, and relevancy. A questionnaire was then drawn up which included sixty-seven statements, grouped into the following categories:

1. Planning and Policy (21 items, 5 subtopics).
2. Organization and Personnel Administration (18 items, 4 subtopics).
3. Service Delivery Systems (12 items, 3 subtopics).
4. Program Evaluation and Research (16 items, 3 subtopics).

Participants in the April conference were mailed the survey instrument in the summer of 1976 and asked to number, giving first, second, and third priority, the objectives outlined in each of the four sections. A fifth section provided space for recording one's three leading choices among all sixty-seven of the items. Finally, space was provided for write-in recommendations. A copy of the questionnaire follows this section of the final report.

The Sample

A total of 237 persons from among the 325 participants returned completed questionnaires. Two responses insufficiently completed and fourteen received too late were not included in the analysis; hence, the return rate for the survey was approximately 73 percent, a large majority. The number of different respondents, according to various categories associated with education of the deaf, appear on the following page in Table 1.

The survey was analyzed by computing means and standard deviations of the ratings assigned to the various items in each section. The means were then examined and priority rankings assigned to the statements.

Table 1

Occupations of Conferees Returning Survey Instrument
To National Training Session On
Rehabilitation of the Deaf

Frequency	Percent	Occupation
19	8.0	1. Deaf individual
37	15.6	2. Educator of the deaf
16	6.8	3. Parent of a deaf individual
36	15.2	4. Rehabilitation administrator
38	16.0	5. Rehabilitation coordinator for the deaf
9	3.8	6. School psychologist
34	14.4	7. Special education administrator
14	5.9	8. Special education coordinator for the deaf
34	14.3	9. Other
237	100%	Total

Results

The analyses of the questionnaire are presented by each of the four major categories listed earlier. Recommendations with highest priority ratings in each subsection are given, in tabular form, in order of their priority. In some cases, more than one statement is presented, if the ratings were very close. Ratings for those statements to which the majority of the conferees gave lesser priority can be found in the questionnaire itself.

Planning and Policy (See Table 2). The conferees recommended that plans be made at the state or substate level, rather than at the federal or local. Active participation from program administrators, parents of the deaf, and the deaf clientele themselves is greatly preferred. The formation of advocacy groups was considered more important than "campaigning against stereotypes of the deaf," "lobbying for hearing resource centers," and other choices. Joint federal/state funding should

be sought and state-administered programs should be coordinated with other agencies providing services to the deaf.

Table 2

Statements Receiving Highest Priority Ratings for Planning and Policy

A.	Level of Determining Policy/Planning Programs
	1. Plan programs for the deaf at state or substate levels.
B.	Lobbying about Future Policies
	1. Organize advocacy groups to influence legislation to benefit the deaf.
C.	Administering Future Services
	1. Avoid short-term contractual programs for deaf and concentrate on more consistently-supported structures and programs.
D.	Funding Resources
	1. Seek joint federal/state support for state-administered programs.
E.	Policymakers
	1. Have policies made in combination with program administrators, experts, parents of deaf, and deaf.

Organization and personnel administration. As outlined in Table 3 (page 61), the conferees stressed the importance of developing and enforcing guidelines, leaving an option open for local modification. They urged the integration of deaf persons and their families into key positions as administrators, counselors, and teachers. Proficiency in manual communication for all those who work with the deaf was strongly recommended.

Service delivery system. As can be seen in Table 4 (page 61), the conferees advocated comprehensive state-wide screening programs to facilitate and effect delivery system of services for the deaf. They favored input from career and vocational agencies and employers into placement programs and centers. A "follow-through" policy between early diagnostic services, career education, and actual employment of the deaf was a high priority item.

Table 3

Statements Receiving Highest Priority Ratings For
Organization and Personnel Administration

A. Administrative Guidelines Enforcement
   1. Develop state guidelines with local modifications.

B. Coordination of Programs for the Deaf-Coordination Level
   1. Coordinate rehabilitation and educational service for deaf people of all ages.

C. The Deaf - Their Role as Administrators and Counselors
   1. Increase number of deaf persons in administrative positions.
   2. Train more deaf people to assist in counseling duties.
   3. Organize the deaf to be more militant politically.
   4. Involve families of the deaf in advocacy groups and for organizational service, counseling, and other support services.

D. Personnel Recruitment, Training, and Qualifications
   1. Require knowledge of manual communication and experience with the deaf for all rehabilitation counselors working with them.

Table 4

Statements Receiving Highest Priority Ratings
For The Service Delivery System

A. Detection, Diagnosis, and Program Placement
   1. Establish comprehensive state-wide hearing screening programs and maintaining high risk registry within each state.
   2. Establish detection, diagnostic, vocational evaluation and placement centers that would coordinate all efforts and provide orientation to the deaf youth and his/her family.

B. Education, Curriculum and Materials
   1. Increase emphasis in deaf education on career education and vocational decision-making processes with input from agencies and employer.

C. Role of the Deaf in Society-Mainstreaming
   1. Provide greater coordination between programs for the deaf and "mainstreaming" programs.
   2. Have all community services freely available to deaf people.

Program evaluation and research. As can be seen in Table 5, the conferees indicated a preference for coordinated state, federal, and local evaluation and enforcement efforts. This approach was chosen over that of "adopting local programs to local conditions" or that of a total reliance on federal support.

A self-monitoring system conducted by experienced professionals was preferred to external monitoring by researchers and administrators or to a combination of the two systems.

Of nine possible research goals submitted in the questionnaire, the respondents opted, first, for early identification of deafness; second, for new surgical and mechanical aids; and third, for improved, accessible information on deafness and on opportunities available to the deaf.

Table 5

Statements Receiving Higher Priority Ratings
For Program Evaluation and Research

A.	Program Evaluation Standards and Enforcement
1.	Establish basic program evaluation guidelines at federal/state level with local input.
B.	Program Monitoring
1.	Establish self-monitoring systems comprised of professionals already experienced in working and dealing with the deaf.
C.	Research Focus
1.	Press for tests and standardized screening for early identification of the deaf.
2.	Press for surgical techniques/mechanical.
3.	Research the relative merits of different ways of recruiting and educating parents and the deaf about available programs and opportunities for special assistance.

Overall assessment. Table 6 includes the results of the questionnaire's final portion in which each conferee was asked what he or she considered the three most essential recommendations of all the 67 given.

The conferees, on the whole, indicated that the delivery of services requires the most immediate action. They urged the establishment of coordinated, long-term programs in centers that would provide integrated services for early detection, improved diagnosis and treatment, and vocational education and placement services.

The item with second-highest priority related to the planning and policy of programs for the deaf. Administrators, experts, parents of the deaf and the deaf themselves should, they recommend, be equally involved.

The third choice of the conferees also relates to policy and planning. They urge political awareness and political action on educators of the deaf. It appears that new legislation is needed to set up a long-term, centralized system of providing services to the deaf. The fourth, fifth, and sixth items of high priority chosen by the respondents to the questionnaire indicate that advocacy groups should press for coordinated rehabilitation and educational services, for the development of models for effective administration, and for methods of early identification of the deaf.

Table 6

Statements Receiving the Highest
Overall Priority Ratings

1. Establish detection, diagnostic, vocational education and placement centers that would coordinate all efforts and provide orientation to the deaf youth and his/her family (Service Delivery System).

2. Have policies made in combination with program administrators, experts, parents of deaf and deaf (Planning and Policy).

3. Organize advocacy groups to influence legislation to benefit the deaf (Planning and Policy).

4. Coordinate rehabilitation and educational services for deaf people of all ages (Organization and Personnel Administration).

5. Develop models for effective administration/delivery of services (Planning and Policy).

6. Research to develop tests and standardized screening for early identification of the deaf (Program Evaluation and Research).

QUESTIONNAIRE

SURVEY OF PRIORITIES

National Training Session on the
Rehabilitation of the Deaf

DIRECTIONS: Please read each recommendation carefully and, based on discussions at the session in Las Cruces in April 1976, along with your own perceptions and experience, rate the relative importance of the top three items in each of the following categories identified by a capital letter. A rating of 1 indicates that you feel that particular recommendation should have the highest priority; a score or rating of 2 means the recommendation should be second in priority; and a 3 designates third. You need not rate any recommendations beyond the top three. Disregard the numerals in parentheses, they are for computer analysis purpose only.

I. PLANNING AND POLICY

A. Level of Determining Policy/Planning Programs

(Rate the following items 1, 2, 3 according to their relative importance)	Mean	Standard Deviation
(1) Plan programs for the deaf at federal or regional levels.	2.29	.86
(2) Plan programs for the deaf at state or substate levels.	1.65	.60
(3) Plan programs for the deaf at local, county, or community levels.	2.05	.84

B. Major Emphasis for Lobbying about Future Policies

(From among the following items, rate the top three 1, 2, and 3 according to their relative importance)	Mean	Standard Deviation
(4) Organize advocacy groups to influence legislation to benefit the deaf.	1.66	.78
(5) Campaign to determine stereotypes which confuse the handicapped deaf with the mentally defective.	2.39	.73
(6) Seek "Affirmative Action" priorities in established government programs for hiring the deaf and in special training opportunities.	2.01	.79
(7) Lobby for establishment of comprehensive Hearing Resource Centers (struck by presidential veto from Rehabilitation Act of 1973).	2.08	.80
(8) Eliminate legal discrimination against deaf students who require special teachers/curriculum to participate in "mainstream".	2.26	.77

C. Major Emphasis for Administering Future Services

(From among the following items, rate the top three 1, 2, and 3 according to their relative importance)	Mean	Standard Deviation
(9) Develop models for effective administration/delivery of services	1.94	.81
(10) Disseminate information about the deaf to gain public support and cooperation	2.13	.84
(11) Coordinate programs, services, and research among various agencies	1.96	.78
(12) Use current and future research findings in planning and policy determination	2.21	.80
(13) Avoid short-term contractual programs for deaf and concentrate on more consistently supported structures and programs	1.89	.84

D. Funding Resources to be Sought for Deaf Programs

(From among the following items, rate the top three 1, 2, and 3 according to their relative importance)	Mean	Standard Deviation
(14) Seek federal support administered through federal agencies	2.26	.85
(15) Seek federal funding of Model State Plans with comprehensive services	2.01	.84
(16) Seek federal funding of temporary mini-programs by specific application	2.71	.60
(17) Seek joint federal-state support for state-administered programs	1.73	.68
(18) Seek joint federal-state support with some local economic participation	2.04	.83

E. Policymakers - Who are They?

(Rate the following items 1, 2, and 3 according to their relative importance)	Mean	Standard Deviation
(19) Have policies made exclusively by administrators, experts, regional rehabilitation and other agency representatives	2.64	.54
(20) Have policies made in combination with program administrators, experts, parents of deaf, and deaf	1.09	.30
(21) Have policies made principally by the deaf and their families, with expert and administrative aid	2.26	.56

II. ORGANIZATION AND PERSONNEL ADMINISTRATION

A. Administrative Guidelines Enforcement

(From among the following items, rate the top three 1, 2, and 3 according to their relative importance)	Mean	Standard Deviation
(22) Develop federal vocational rehabilitation and educational guidelines to be enforced principally through RSA and USOE agencies	2.06	.85
(23) Pass legislation which contains program guidelines on rehabilitation and education	2.23	.84
(24) Establish regional guidelines through state and federal cooperation	1.94	.67
(25) Develop state guidelines with local modifications	1.77	.85

B. Coordination of Programs for the Deaf - Coordination Level

(Rate the following items 1, 2, and 3 according to their relative importance)	Mean	Standard Deviation
(26) Coordinate rehabilitation and educational service for deaf people of all ages	1.62	.73
(27) Combine diagnostic and rehabilitation services within comprehensive centers housing various specialists	1.87	.68
(28) Join with organizations of other handicapped (i.e., the blind) to obtain better funding and to coordinate treatment centers and facilities for all handicapped	2.48	.78

C. The Deaf - Their Role as Administrators and Counselors

(From among the following items, rate the top three 1, 2, and 3 according to their relative importance)	Mean	Standard Deviation
(29) Increase number of deaf persons in administrative positions	1.97	.84
(30) Train more deaf people to assist in counseling duties	1.98	.77
(31) Organize the deaf to be more militant politically	1.99	.80
(32) Involve families of the deaf in advocacy groups and for organizational service, counseling and other support services	2.02	.85

D. Personnel Recruitment, Training and Qualifications

(From among the following items, rate the top three 1, 2, and 3 according to their relative importance)	Mean	Standard Deviation
(33) Establish maximum class size for teachers and case loads for counselors working with the deaf	2.16	.76
(34) Set up a certification program for those professionals working with the deaf	1.93	.81
(35) Require knowledge of manual communication and experience with the deaf for all rehabilitation counselors working with them	1.58	.72
(36) Use deaf adults and physically handicapped persons to work with deaf children	2.27	.74
(37) Use selected, trained, and supervised volunteers (paraprofessionals) in working with the deaf	2.42	.74
(38) Train parents and family members to supplement education of the deaf	2.06	.82
(39) Hold state-wide meetings for school psychologists, mental hygienists, and the like to collect and disseminate effective procedures and research information	2.18	.81

III. THE SERVICE DELIVERY SYSTEM

A. Detection, Diagnosis and Program Placement

(From among the following items, rate the top three 1, 2, and 3 according to their relative importance)	Mean	Standard Deviation
(40) Establish comprehensive state-wide hearing screening programs and maintain high risk registry within each state	1.82	.79
(41) Clarify the definition of "hard of hearing," "deaf," and "least restrictive environment"	1.90	.83
(42) Establish detection, diagnostic, vocational evaluation and placement centers that would coordinate all efforts and provide orientation to the deaf youth and his/her family	1.81	.83
(43) Establish early and continuing contact by VR counselors with school age children and their families	2.28	.73

	Mean	Standard Deviation
(44) Utilize the team approach involving VR, medical and other specialists along with the deaf person and his/her family	2.19	.78

B. Education, Curriculum and Materials

(Rate the following items 1, 2, and 3 according to their relative importance)	Mean	Standard Deviation
(45) Increase emphasis in deaf education on career education and vocational decision-making processes with input from agencies and employer	1.61	.68
(46) Develop a curriculum for pre-school age deaf children and a handbook for their parents	1.81	.80
(47) Increase use of telecommunications in continuing education for deaf "low achievers"	2.58	.62

C. Role of the Deaf in Society - Mainstreaming

(From among the following items, rate the top three 1, 2, and 3 according to their relative importance)	Mean	Standard Deviation
(48) Delineate the proper components of "mainstreaming" for consistent use by parents, professionals, the lay public and the deaf themselves	2.03	.78
(49) Provide greater coordination between programs for the deaf and "mainstreaming" programs	1.86	.75
(50) Establish half-way houses with proper support services	2.38	.72
(51) Have all community services freely available to deaf people	1.89	.91

IV. PROGRAM EVALUATION AND RESEARCH

A. Program Evaluation Standards and Enforcement

(From among the following items, rate the top three 1, 2, and 3 according to their relative importance)	Mean	Standard Deviation
(52) Set up and enforce uniform program evaluative guidelines for the deaf at federal level	2.38	.79
(53) Set up and monitor program evaluation standards at state level	2.16	.71

	Mean	Standard Deviation
(54) Reduce standardization and adapt local programs to local conditions	2.02	.86
(55) Establish basic program evaluation guidelines at federal/state level with local input	1.57	.73

B. Program Monitoring

(Rate the following items 1, 2, and 3 according to their relative importance)	Mean	Standard Deviation
(56) Establish self-monitoring systems comprised of professionals already experienced in working and dealing with the deaf	1.68	.81
(57) Monitor internal evaluations with periodic external assessments	1.97	.72
(58) Monitor programs by means of external experts, evaluation researchers, and administrative officials with knowledge of the deaf but not involved directly as part of deaf programs	2.30	.80

C. Research Focus

(From among the following items, rate the top three 1, 2, and 3 according to their relative importance)	Mean	Standard Deviation
(59) Provide basic biophysical/genetic research on causes of deafness	2.13	.78
(60) Press for tests and standardized screening for early identification of the deaf	1.45	.67
(61) Press for surgical techniques/ mechanical aides for deaf persons	1.82	.72
(62) Research the relative merits of different ways of recruiting and educating parents and the deaf about available programs and opportunities for special assistance	2.06	.81
(63) Conduct research on in-service training to keep older personnel and newly hired personnel up-to-date on latest techniques, practices, and programs	2.11	.81
(64) Conduct research on effective training modes for personnel who work with and supervise rehabilitation of the deaf	2.11	.80

	Mean	Standard Deviation
(65) Conduct research on organizational efficiency of state and local programs for the deaf	2.19	.81
(66) Determine best ways to acquire and disseminate research results applicable to deafness	2.23	.76
(67) Determine best ways of utilizing research findings in present programs	2.22	.80

V. OVERALL ASSESSMENT

Please list below the three most important recommendations which should now concern the field of rehabilitation of the deaf. Use the numerals in parentheses by the appropriate items (recommendations) on this survey document. Note that your responses should be ranked.

No. 42	Highest priority
No. 20	Second highest priority
No. 4	Third highest priority

Add others in place of those listed on this form if the recommendations to which you attach greatest importance did not appear hereon.

1st (specify)_____

_____

2nd (specify)_____

_____

3rd (specify)_____

_____

Name_____

Address_____

After completing these surveys, place them in the self-addressed envelope provided and mail to NMSU no later than 15 August 1976. Thank you.

CONFERENCE EVALUATION AND IMPLICATIONS

Along with the survey instrument described in the preceding section, a short evaluation form was provided the conferees on which they were asked to make judgments about the National Training Session as a meeting. The results of this questionnaire are included on a copy of it at the conclusion of this section. Brief summary observations precede the instrument itself.

CONFERENCE EVALUATION AND IMPLICATIONS

Conference Site and Las Cruces Arrangements

A. Site
Evaluation: Adequate
Clarification: Las Cruces was selected because of the success experienced during the 1967 conference. While some logistical problems were experienced such as airport distance (50 miles), participants were generally satisfied. Recent construction of two new motels contributed to the physical comfort of the participants.

B. Conference Planning
Evaluation: Extremely good
Clarification: Conferees were aware of the manhours of energy and initiative consumed in planning conference arrangements. Many commented on the adequacy of the transportation and support services.

C. Preliminary Programs, Activities
Evaluation: Generally adequate
Clarification: There were many "symbolic" items contributing to "early conference drag." The participants would have preferred a less ceremonial opening activity and less other activities of this nature at the general sessions.

D. Personnel
Interpreters for the Deaf
Evaluation: Extremely competent
Clarification: The immediate region did not contain enough qualified personnel. Several were obtained largely from California and Texas.

E. Key Speakers
Evaluation: Varied, but generally adequate
Clarification: Major addresses tended to set the pattern/theme for training conference direction. Isolated participants would have preferred addresses somewhat shorter and more compact. In the main, speakers tended to provide what was expected of them.

F. Discussion Group Leadership
Evaluation: Moderately effective
Clarification: This was ranked as the most important source of information of the conference. Participants who experienced strong leadership in the discussion groups expressed gratitude for adept handling of ideological-based arguments.

G. Discussion Group Recorders
Evaluation: Varied: good to effective
Clarification: Major points and highlights of table discussion(s) were in general accurately reported. A few attendees felt that their particular (personal) contribution may have been left out.

Conference Participants

A. Criteria for Participant Selection
Evaluation: Adequate and somewhat mixed
Clarification: A limited number felt that the wide range of participants, e.g., psychologist, vocational rehabilitation, special educators of deaf, layity, represented too much diversity for effective communication. Others asserted that the wide range was a major conference strength. Some mentioned that it is difficult to shed one's disciplinary bias.

B. Experienced Conferees
Evaluation: Varied, generally adequate
Clarification: First-time attendees to this type conference were probably the most laudatory. Those who attend numerous conferences in a professional capacity held the variegated conference mix to be adequate. Three neophytes felt that they had difficulty in making their contribution heard. Summarily, a wide variety of contributing disciplines attending was a conference plus.

Conference Impact
Overall Evaluation: Varied-adequate to effective
Clarification: Conferees typically felt that conference interaction and exchange of information would lead to betterment of diverse programs for the deaf.

A. Substantive Knowledge
Evaluation: Adequate
Clarification: Most attendees felt that functional information was dispersed by key speakers. Program administrators attempted to learn and carry away useful information. Many administrators with program responsibilities for deaf personnel felt that a reading list or advanced homework would have increased both their rate of participation and amount of information taken away from the training conference.

B. Procedural Knowledge
Evaluation: Effective
Clarification: Personnel with direct responsibilities for the deaf felt that selected conference elements would contribute to procedures for program improvement.

C. Personnel-Application Level
Evaluation: High for neophytes and middle level functionaries
Clarification: Conference information had highest impact on those directly dealing with the deaf. Middle level personnel generalized upon conference principles in relation to local programs. Higher level functionaries found information to be adequate to effective in terms of their job demands but less so than those who were new to this type of meeting or who were in middle management positions.

PARTICIPANT EVALUATION: NATIONAL TRAINING SESSION
ON THE REHABILITATION OF THE DEAF

1. What is your primary identification? (Please check the most appropriate one.)

Frequency			
19	1	8.03%	Deaf individual
37	2	15.62%	Educator of the deaf
16	3	6.75%	Parent of a deaf individual
36	4	15.19%	Rehabilitation administrator
38	5	16.03%	Rehabilitation coordinator for the deaf
09	6	3.79%	School psychologist
34	7	14.35%	Special education administrator
14	8	5.91%	Special education coordinator for the deaf
34	9	14.35%	Other, please specify_____

2. Please indicate your reaction to the major presentations at the Training Session. (Check one)

53	1	22.36%	Very informative and provocative
125	2	52.74%	Adequately informative and provocative
52	3	21.94%	Fairly informative and provocative
05	4	2.11%	No value to me
02		.84%	No response

3. How would you characterize the leadership of discussion sessions? (Check one)

44	1	18.57%	Very effective
167	2	70.46%	Effective
23	3	9.70%	Ineffective
01	4	.42%	Very ineffective
02		.84%	No response

4. What is your evaluation of the utilization of overhead projectors for recording the discussion sessions? (Check one)

80	1	33.75%	Very effective
115	2	48.52%	Effective
32	3	13.50%	Ineffective
04	4	1.69%	Very ineffective
06		2.53%	No response

5. What is your perception of the overall quality of the discussion groups? (Check one)

36	1	15.19%	Very productive
166	2	70.04%	Productive
32	3	13.50%	Unproductive
02	4	.84%	Very unproductive
01		.42%	No response

Please rank the contribution you feel that each of items #6-10 made to the overall impact of the Training Session. (Rank the most important 1, next most important 2, etc.)

6. 1 Discussion sessions
7. 2 Informal conversation with other participants
8. 4 Materials available
9. 3 Speakers
10. _____ Other, please specify_____

Please indicate your reaction to each of the following Training Session arrangements. (Use the rating scale to rate items #11-14. Circle the appropriate number after each of the items 11-14).

1 I have no basis for evaluation
2 Well planned and executed
3 Only minor problems
4 Barely adequate
5 Inadequate

11. Motel arrangements

	Frequency	Percent	
1	8	3.38	
2	187	78.90	
3	37	15.61	
4	2	.84	
5	1	.42	
	2	.84	No response

12. Transportation

	Frequency	Percent	
1	8	3.38	
2	155	65.40	
3	61	25.74	
4	9	3.8	
5	2	.84	
	2	.84	No response

13. Social Arrangements

	Frequency	Percent	
1	17	7.17	
2	163	68.77	
3	39	16.56	
4	11	4.64	
5	3	1.27	
	4	1.86	No response

14. Sidetrips for families (if applicable)

	Frequency	Percent	
1	118	49.79	
2	45	18.99	
3	6	2.53	
4	1	.42	
5	3	1.27	
	64	27.00	No response

Please indicate your perception of plans for follow up activities. (Use this scale to rate items #15 and #16.)

1 I have no basis for evaluation
2 Plans well formulated and communicated
3 Plans fairly well formulated and communicated
4 Plans poorly formulated and communicated
5 No evidence of plans

15. Plans for regional follow up

	Frequency	Percent	
1	53	22.36	
2	31	13.08	
3	74	31.22	
4	19	8.02	
5	53	22.36	
	7	2.95	No response

16. Plans for state follow up

	Frequency	Percent	
1	46	19.41	
2	30	12.66	
3	53	22.36	
4	17	7.17	
5	82	34.60	
	9	3.80	No response

17. What do you think the overall effect of the Training Session will be as an impetus toward the improvement of services to the deaf? (Check one)

Frequency			
14	1	5.91%	Widespread improvement
46	2	19.41%	Much improvement
128	3	54.01%	Some improvement
37	4	15.61%	Little improvement
6	5	2.53%	No effect
0	6	0	Negative effect
6		2.53%	No response

Please use this sheet to make comments about the foregoing evaluation items or any other aspect related to the Training Session.

Return to: Dr. Donald Ferguson, National Training Session on the Rehabilitation of the Deaf, Box 3AC, New Mexico State University, Las Cruces, New Mexico 88003.

ROSTER OF PARTICIPANTS

ABBREVIATIONS

Due to limited space and limited monies, the following abbreviations will be observed throughout the list of participants to the National Training Session for the Rehabilitation of the Deaf.

Administration/Administrator	Admin.
Assistant	Asst.
Building	Bldg.
Bureau	Bur.
Commission	Comm.
Commissioner	Comr.
Coordinator	Coord.
Department	Dept.
Department of Health, Education and Welfare	Dept. of H.E.W.
Director	Dir.
Division	Div.
Education	Educ. or Ed.
Executive	Exec.
Institute(s)	Inst.
Instruction	Instr.
National	Nat'l.
Office	Ofc.
Public	Pub.
Rehabilitation/Rehabilitative	Rehab.
Region/Regional	Reg.
Representative	Rep.
School	Sch.
Services	Serv.
Social	Soc.
Special/Specialist	Spec.
Special Education	Spec. Ed.
State	St.
Superintendent	Supt.
Supervisor	Supr.
University	Univ.
Vocational	Voc.

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